

Name  
In  
Full

Not, Harried Allerton

## CERTIFICATE OF DEATH

MARYLAND

Died at <sup>Town</sup> Fairfield<sup>County</sup> a d

Date of death 1907

<sup>Month</sup> Nov.<sup>Day</sup> 16<sup>Age</sup> Years 1<sup>Months</sup> 1<sup>Days</sup> 3

Sex Female

Color or Race colored

Birth-place Md.

Occupation

Where Residing if not at place of death

Married, Single or Widowed

Name of Wife or Husband

Father's Name

Paul Allerton

Father's Birthplace

N.C.

Mother's Maiden Name

Edna Maseley

Mother's Birthplace

Va.

Name of person giving information

Paul Allerton

How related to deceased

Father

## CAUSES OF DEATH

71

Primary

How long

Immediate

Convulsions  
yes

How long

one hour

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

J. P. D. Horton M.D.

Address

So. B. B. B. Md.

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
FullTO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

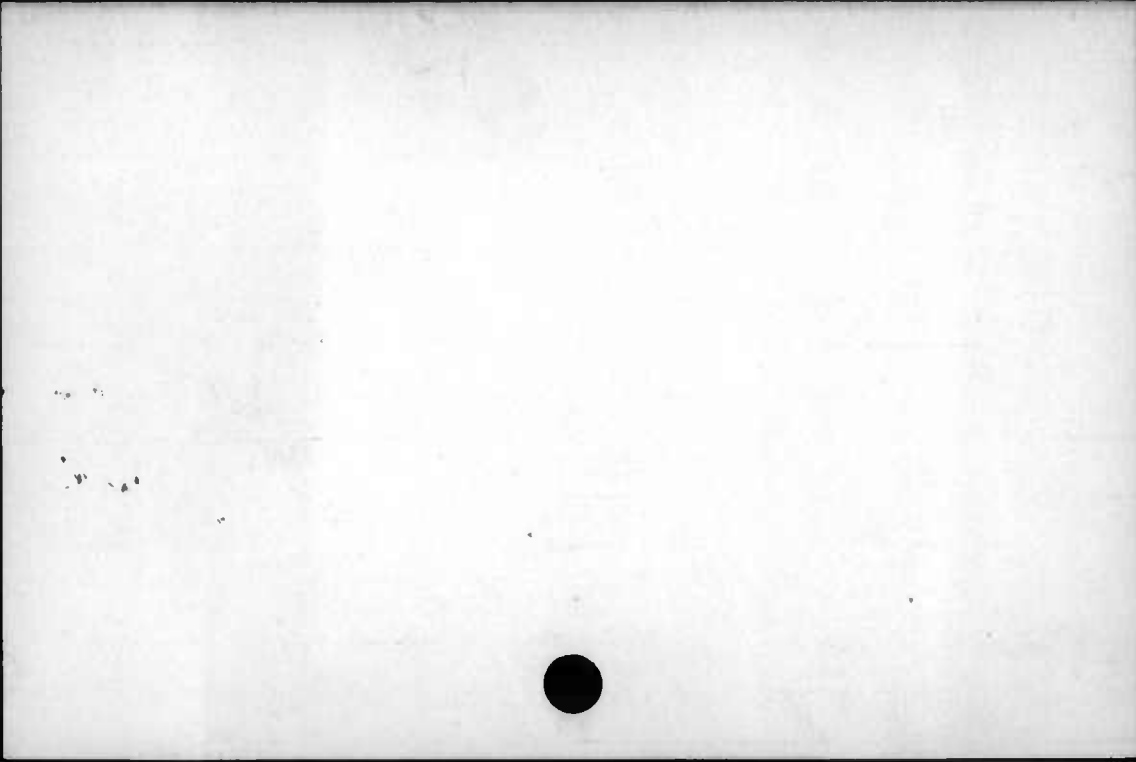
## CERTIFICATE OF DEATH

Jellie Ines Barand		Annapolis		Anne Arundel		MARYLAND	
Died at		Town		County		State	
Date of death		1907	Nov	18	Age	3	Months
Sex		Female		Color or Race		Colored	
Occupation				Where Residing if not at place of death		7 Morris St	
Married, Single		Single		Name of Wife or Husband			
Father's Name		John Barand		Father's Birthplace		Virginia	
Mother's Maiden Name		Ines Butler		Mother's Birthplace		Annapolis	
Name of person giving information		John Barand		How related to deceased		father	

## CAUSES OF DEATH

(105)

Primary	Intero-Colitis	How long	about one week
Immediate	Septicemia & meningitis	How long	few hours
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Chas. H. General
		Address	Annapolis, Maryland
Accident or Suicide?			



Name  
in  
Full

Elizabeth Blackston.

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

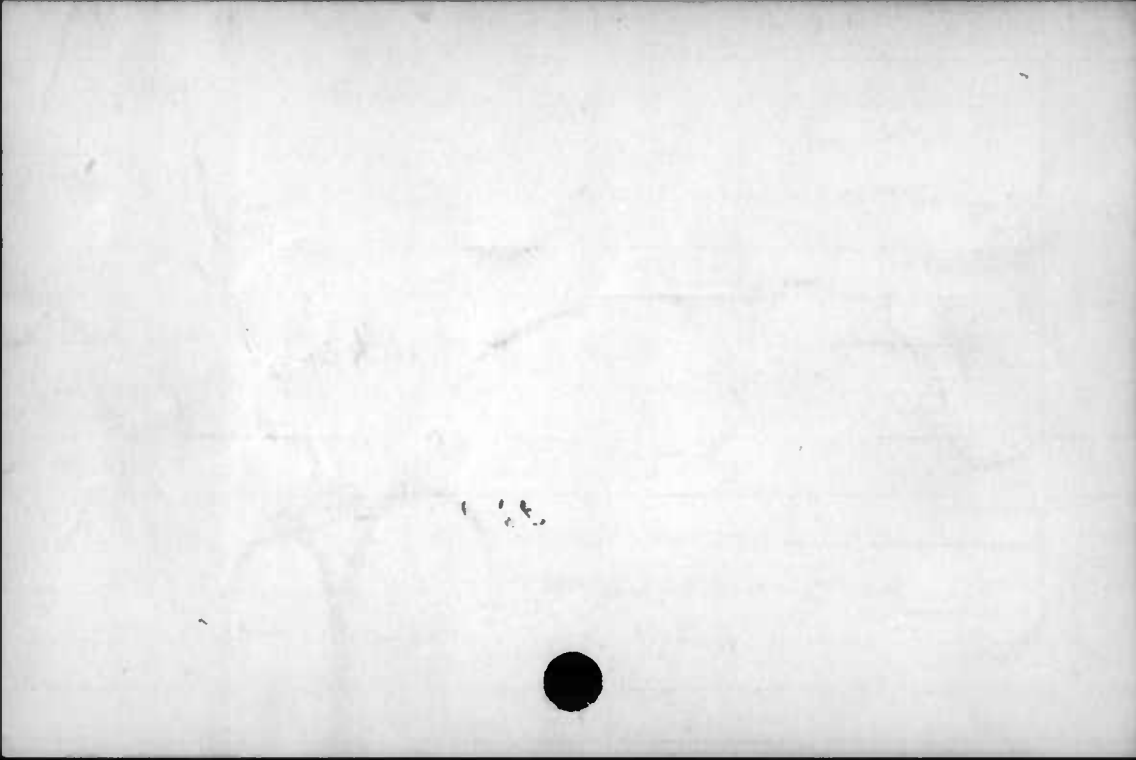
Died at		Town		County		State	
Annapolis		ct.		St.		Co.	
Date of death		Month	Day	Age	Years	Months	Days
1907		Nov.	1.	68.			
Sex		Color or Race		Birth-place			
Female		Colored.		ct. St. Co. Md.			
Occupation		Where Residing if not at place of death					
Cook.		Fleet Street					
Married, Single or Widowed		Name of Wife or Husband					
Married		Robert Blackston.					
Father's Name		Father's Birthplace					
Unknown.		Unknown.					
Mother's Maiden Name		Mother's Birthplace					
Unknown.		Unknown.					
Name of person giving information		How related to deceased					
Robert Blackston.		Husband					

## CAUSES OF DEATH

120

PHYSICIAN  
OR CORONER

Primary	Chronic Nephritis	How long	Months
Immediate	Asthma	How long	Gradual
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		John Ridout M.D.	
Accident or Suicide?		Address	
		Annapolis Md.	



Name  
in  
Full

Robert Carter

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Brownsville</u> <u>Ad.</u> County		MARYLAND	
Date of death <u>1907</u> <u>Nov.</u> <u>18</u>	Month <u>18</u>	Days <u>18</u>	Age <u>49</u> Years <u>49</u> Months <u>—</u> Days <u>—</u>
Sex <u>Male</u>	Color or Race <u>Colored</u>	Birth-place <u>Ind</u>	
Occupation <u>Farmer</u>	Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>—</u>		
Father's Name <u>Robert Carter</u>	Father's Birthplace <u>—</u>		
Mother's Maiden Name <u>No</u>	Mother's Birthplace <u>—</u>		
Name of person giving information <u>Dr. A. Carter</u>	How related to deceased <u>Son</u>		

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary <u>Pulmonary Tuberculosis</u>	How long <u>3 yrs</u>
Immediate <u>Exhaustion</u>	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Ther. H. H. H. H.</u>
<u>X</u>	Address <u>1228 S. Charles St.</u>
	<u>Baltimore</u>
Accident or Suicide?	

1852

1

A. 1852





Name  
in  
Full

Charles Henry Coates

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

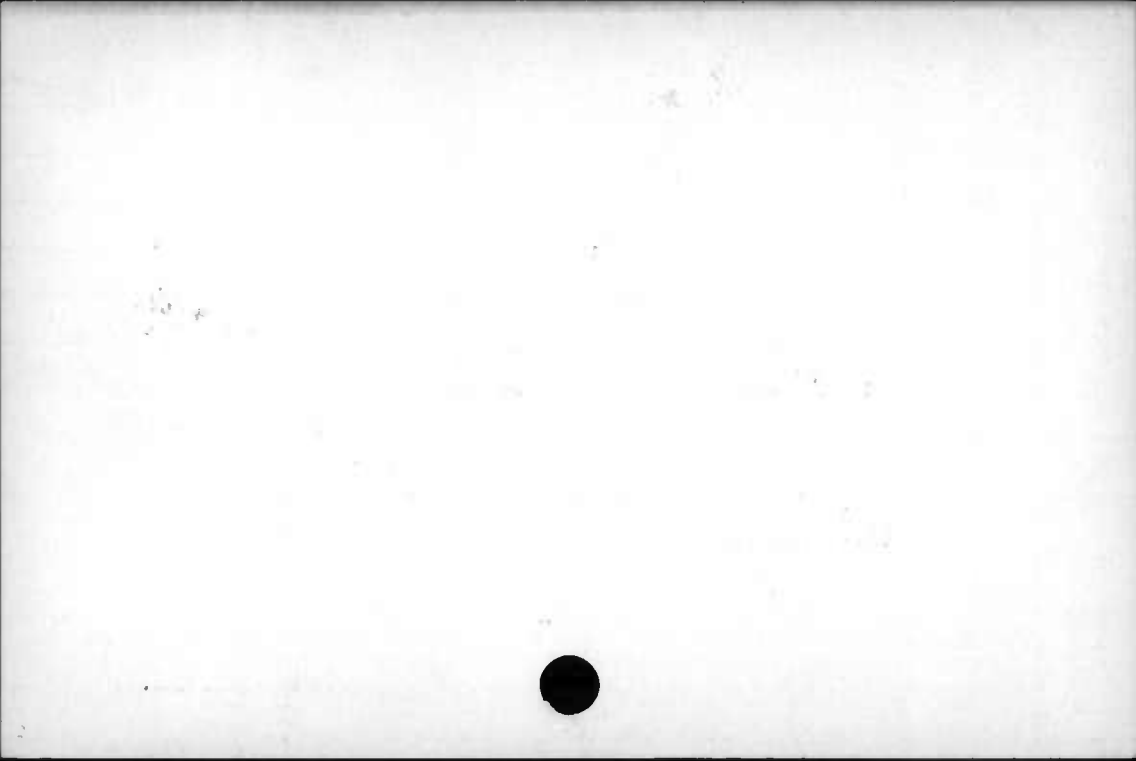
Died at <i>Shady Side</i> <small>Town</small>		<i>Anne Arundel</i> <small>County</small>		MARYLAND	
Date of death <i>1907 November 11th</i>		Age <i>58</i>		Months	Days
Sex <i>Male</i>	Color or Race <i>Colored</i>	Birth-place <i>Shady Side</i>			
Occupation <i>Oysterman</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Widowed</i>	Name of Wife or Husband <i>Annie Rebecca Coates</i>				
Father's Name <i>John Henry Coates</i>	Father's Birthplace <i>Anne G. Co</i>		Mother's Birthplace <i>" " "</i>		
Mother's Maiden Name <i>Sophia Matthews</i>	Name of person giving information <i>Chester F. Coates</i>		How related to deceased <i>Son</i>		

## CAUSES OF DEATH

120

PHYSICIAN  
OR CORONER

Primary <i>uraemia, chronic Bright's.</i>	How long <i>? Chronic</i>
Immediate <i>Toxaemia Cardiac Insufficiency</i>	How long <i>48 hrs.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>F. R. W. Wilson,</i>
	Address <i>Churchton, Md.</i>
Accident or Suicide?	



Name  
in  
Full

Benjamin Coats.

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

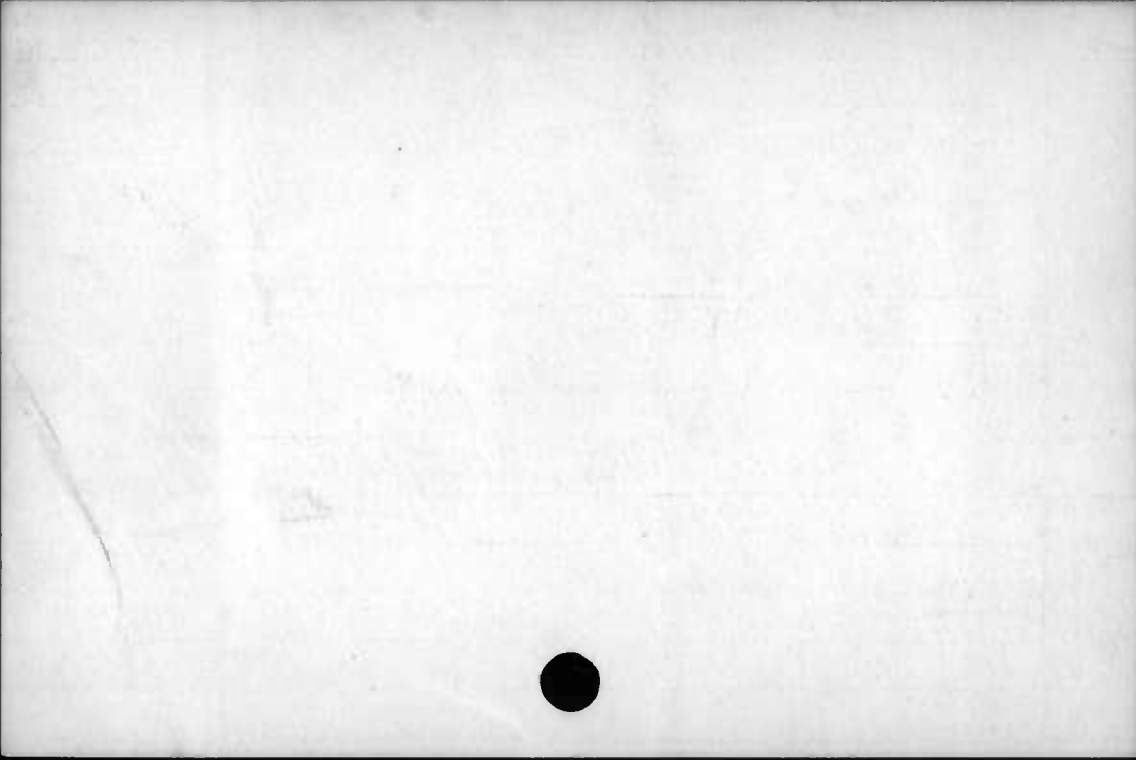
Died at <i>Annapolis</i> <sup>Town</sup>		<i>A-a-</i> <sup>County</sup>			
Date of death <i>1907</i>		Month <i>November</i>	Day <i>16</i>	Age	Years <i>21</i>
Sex <i>Male</i>		Color or Race <i>Colord</i>		Birth-place <i>Annapolis</i>	
Occupation <i>-</i>			Where Residing if not at place of death <i>Canroll Street</i>		
Married, Single or Widowed <i>-</i>		Name of Wife or Husband <i>-</i>			
Father's Name <i>Joseph Coats.</i>		Father's Birthplace <i>Davidsonville Md</i>			
Mother's Maiden Name <i>Carrie Mc Gowans.</i>		Mother's Birthplace <i>Annapolis</i>			
Name of person giving information <i>Mary Mc. Gowans.</i>		How related to deceased <i>Grandmother</i>			

## CAUSES OF DEATH

151

PHYSICIAN  
OR CORONER

Primary	<i>Inanition</i>	How long	<i>Since Birth</i>
Immediate	<i>Asthemia</i>	How long	<i>Gradual</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>John Ridout M.D.</i>	
<i>Yes</i>		Address <i>Annapolis Md</i>	
Accident or Suicide?			



Name  
in  
Full

Thamos Coats

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <i>Annapolis</i> <sup>Town</sup>		<i>a-a-</i> <sup>County</sup>	
Date of death	<i>1907</i> <sup>Month</sup> <i>Nov</i> <sup>Day</sup> <i>3</i>	Age	<i>—</i> <sup>Years</sup> <i>—</i> <sup>Months</sup> <i>—</i> <sup>Days</sup> <i>8</i>
Sex	<i>Male</i>	Color or Race	<i>Colord</i>
Occupation	<i>unknow</i>	Birth-place	<i>Annapolis</i>
Where Residing if not at place of death		<i>12. Carroll St.</i>	
Married, Single or Widowed	<i>—</i>	Name of Wife or Husband	<i>+</i>
Father's Name	<i>Joseph Coats</i>	Father's Birthplace	<i>Annapolis</i>
Mother's Maiden Name	<i>Carrie Mc Gowans</i>	Mother's Birthplace	<i>— " —</i>
Name of person giving information	<i>Mary Mc Gowans</i>	How related to deceased	<i>Grand mother</i>

## CAUSES OF DEATH

137

PHYSICIAN  
OR CORONER

Primary	<i>Inanition</i>	How long	<i>Since birth</i>
Immediate	<i>Asthenia</i>	How long	<i>Gradual</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>John Ridout M.D.</i>	
		Address	
		<i>Annapolis Md</i>	
Accident or Suicide?			

Asbury Denial . . .

Name  
in  
Full

Helena Dalry

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

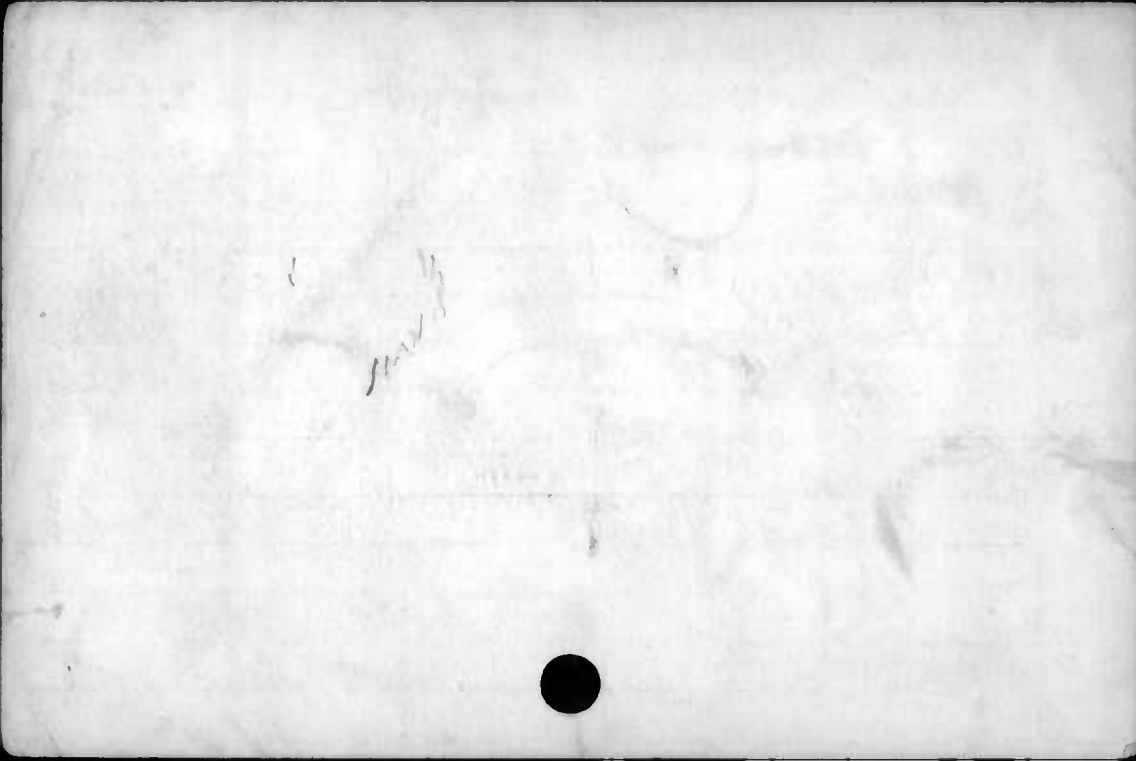
Died at		Town <i>Harrison</i>		County <i>St. Charles</i>		MARYLAND	
Date of death		1907	Month <i>11</i>	Day <i>6</i>	Age <i>—</i>	Years <i>—</i>	Months <i>—</i>
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth- place <i>Mo</i>			
Occupation <i>X</i>				Where Residing if not at place of death <i>Harrison</i>			
Married, Single or Widowed <i>X</i>		Name of Wife or Husband					
Father's Name <i>Nathan Dalry</i>				Father's Birthplace <i>Mo</i>			
Mother's Maiden Name <i>Mary E. Smith</i>				Mother's Birthplace <i>Mo</i>			
Name of person giving in formation <i>Nathan Dalry</i>				How related to deceased <i>Father</i>			

## CAUSES OF DEATH

137

PHYSICIAN  
OR CORONER

Primary	<i>Washing</i>	How long <i>1 month</i>
Immediate		How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>J. L. Tongue</i>
		Address <i>Elk Ridge</i>
Accident or Suicide?		<i>Mo</i>





Name  
in  
Full

Charles Davis

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Mekendree</u> <sup>Town</sup>		<u>Anne Arundel</u> <sup>County</sup>		MARYLAND	
Date of death <u>1907</u>	<u>Dec.</u> <sup>Month</sup>	<u>27</u> <sup>Day</sup>	Age <u>17</u> <sup>Years</sup>	Months <u>—</u>	Days <u>—</u>
Sex <u>Male</u>	Color or Race <u>Black</u>		Birth-place <u>Md.</u>		
Occupation <u>Laborer</u>	Where Residing if not at place of death <u>—</u>				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>—</u>				
Father's Name <u>Henry Davis</u>	Father's Birthplace <u>Md.</u>				
Mother's Maiden Name <u>Harriett Bordley</u>	Mother's Birthplace <u>Md.</u>				
Name of person giving information <u>Lewis Davis</u>	How related to deceased <u>Brother</u>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Typhoid fever</u>	How long <u>4 weeks</u>
Immediate <u>Asthma</u>	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>A. H. Purrie</u>
	Address <u>Mekendree, Md.</u>
Accident or Suicide? <u>—</u>	



Name  
in  
Full

Maria Rosa Del Giudice

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

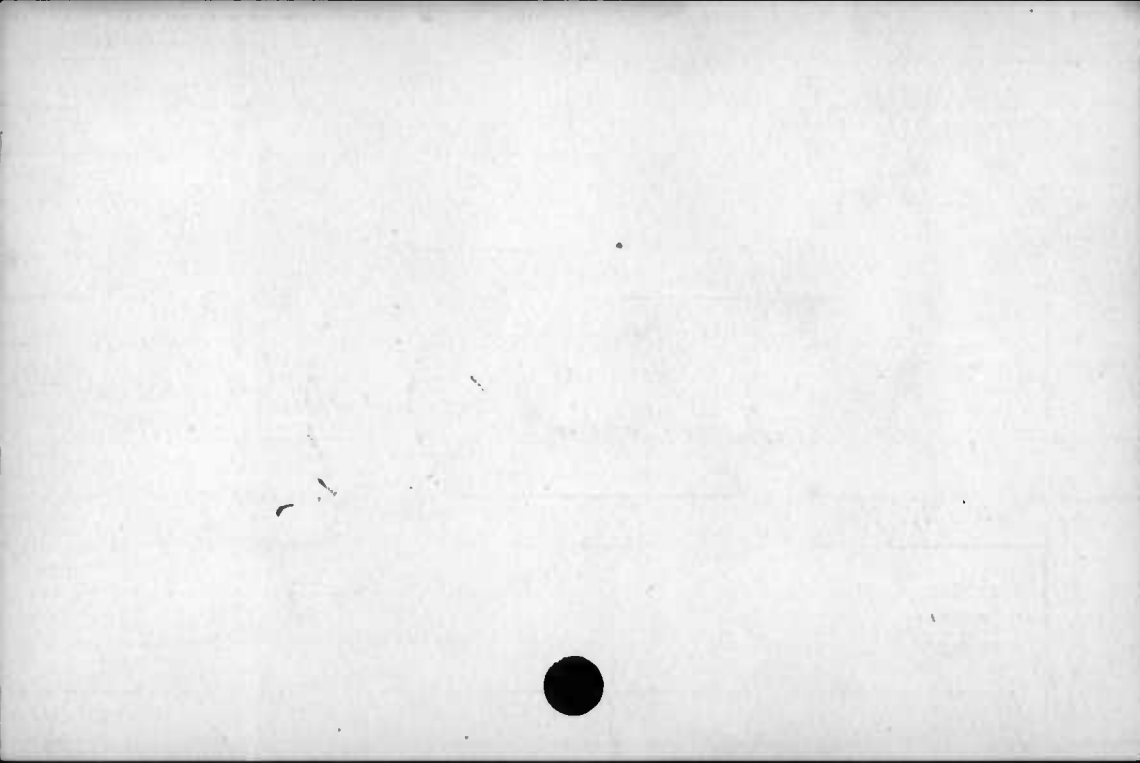
Died at <u>Annapolis</u>		Town		County <u>A.D.</u>		MARYLAND	
Date of death <u>1907</u>		Month <u>Nov</u>	Day <u>8</u>	Years <u>4</u>		Months	Days
Sex <u>female</u>		Color or Race <u>White</u>		Birth-place <u>Annapolis</u>			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name <u>Raphael Giudice</u>				Father's Birthplace <u>Annapolis</u> <sup>State</sup>			
Mother's Maiden Name <u>Concetta Corso</u>				Mother's Birthplace <u>Annapolis</u> <sup>State</sup>			
Name of person giving information <u>Raphael Giudice</u>				How related to deceased <u>Father</u>			

## CAUSES OF DEATH

(90)

PHYSICIAN  
OR CORONER

Primary	<u>Capillary Bronchitis</u>	How long <u>Five days</u>
Immediate	<u>Amyoid</u>	How long <u>One day</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>Geo. Wells</u>
		Address <u>Annapolis, Md.</u>
Accident or Suicide? <u>No</u>		



Name  
in  
Full

Mrs. Mary Peyton Gray

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

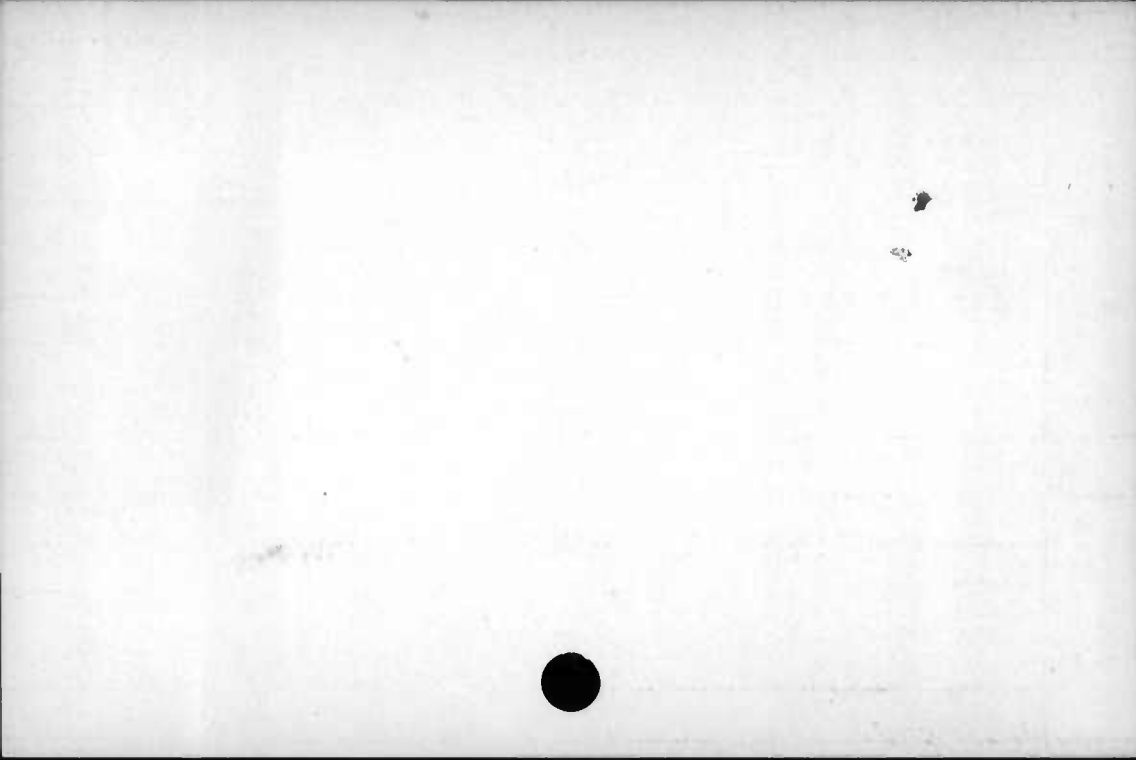
Died at <i>Annapolis</i>		County <i>Anne Arundel</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>Nov.</i>	Day <i>8</i>	Years <i>78</i>	Months <i>6</i>	Days <i>21</i>
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Staunton Va</i>	
Occupation <i>—</i>			Where Residing if not at place of death <i>Roanoke Va</i>		
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>Robert A. Gray</i>			
Father's Name <i>John Howe Peyton</i>			Father's Birthplace <i>Va</i>		
Mother's Maiden Name <i>Anne Montgomery Lewis</i>			Mother's Birthplace <i>Va</i>		
Name of person giving information <i>Mrs Susan B. G. Paul</i>			How related to deceased <i>Daughter</i>		

## CAUSES OF DEATH

91

PHYSICIAN  
OR CORONER

Primary <i>Chronic Bronchitis</i>	How long <i>2 or 3 years</i>
Immediate <i>Asthenia</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Wm S Welch</i>
	Address <i>184 Duke of Gloucester St Annapolis</i>
Accident or Suicide? <i>—</i>	



Name  
in  
Full

## CERTIFICATE OF DEATH

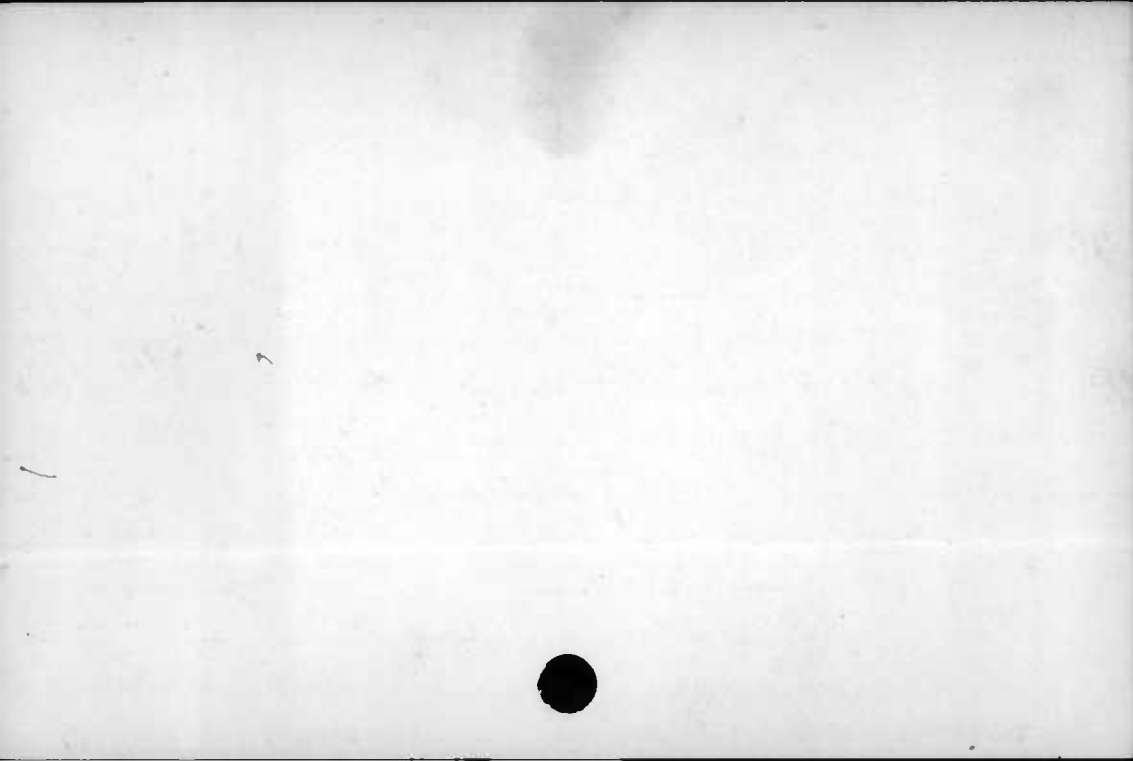
TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *E. Brooklyn A. A.* Town *A. A.* CountyDate of death *1907* Month *Nov.* Day *27* Age *26* Years Months *3* DaysSex *Male* Color or Race *white* Birth-place *Germany*Occupation *Laborer.* Where Residing if not at place of death *E. Brooklyn*Married, ~~Single~~ *Widowed* Name of Wife or Husband *Elizabeth Groiser*Father's Name *John. Groiser* Father's Birthplace *Germany*Mother's Maiden Name *don't know* Mother's Birthplace *—*Name of person giving information *John Horvath* How related to deceased *Brother in law*

## CAUSES OF DEATH

**27**Primary *Pulmonary Tuberculosis* How long *don't know - this man had been*Immediate *Hemorrhage* *only saw him just before he died*Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *Thos. B. Norton M.D.*Address *So. Balto Md*~~Accident or Suicide?~~PHYSICIAN  
OR CORONER





Name  
in  
Full

Stella Haase

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

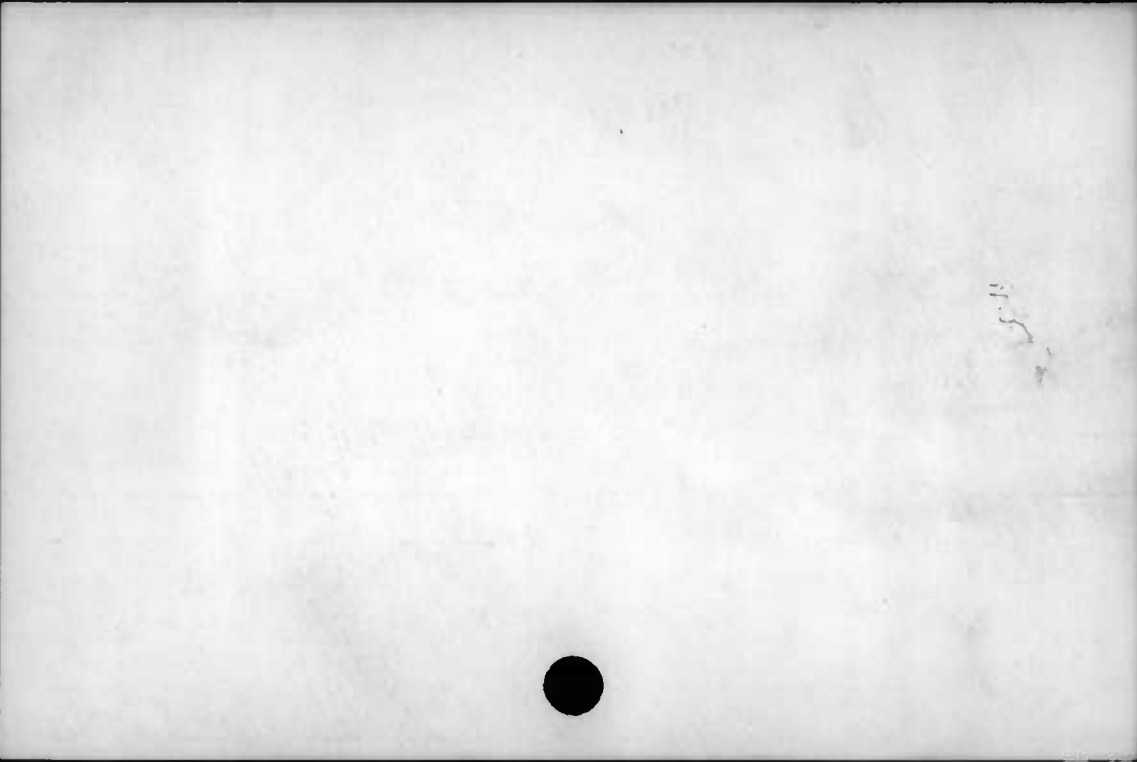
MARYLAND

Died at *East Brooklyn* TownCounty *aa*Date of death *1907 Nov. 8th*Age *1* YearsMonths *-*Days *2*Sex *Female*Color or Race *White*Birthplace *Maryland*Occupation *None*Where Residing if not at place of death *At Home*Married, Single or Widowed *Single*Name of Wife or Husband *None*Father's Name *Frank Haase*Father's Birthplace *Maryland*Mother's Maiden Name *Annie Savney*Mother's Birthplace *Maryland*Name of person giving information *Frank Haase*How related to deceased *Father*

## CAUSES OF DEATH

104

PHYSICIAN  
OR CORONERPrimary *Chronic Indigestion*How long *2 months*Immediate *Marasmus*How long *2 weeks*Are the name, age, sex, color, date and place correctly given above? *yes*Signature of Physician *William J. Ford M.D.**J*Address *Burton Bayado, Ind.*Accident or Suicide? *No*



Name  
in  
Full

Asaph Hall

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

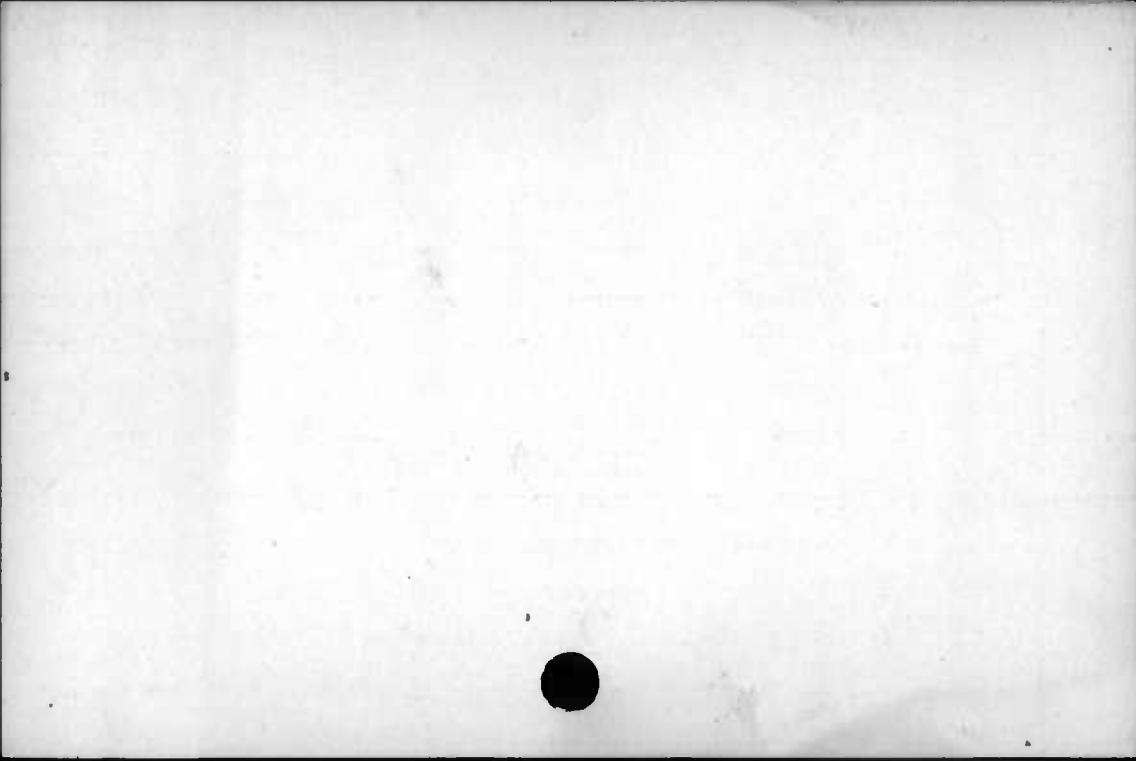
Died at <i>Annapolis</i> <sup>Town</sup>		<i>Anne Arundel</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1907</i>	Month <i>Nov.</i>	Day <i>22</i>	Age <i>78</i>	Months <i>1</i>
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>Goshen, Conn.</i>		
Occupation <i>Astronomer</i>			Where Residing if not at place of death <i>Goshen Conn.</i>		
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>Mary G. Hall.</i>			
Father's Name <i>Asaph Hall</i>		Father's Birthplace <i>Goshen, Conn.</i>			
Mother's Maiden Name <i>Hannah C. Palmer</i>		Mother's Birthplace <i>Goshen, Conn.</i>			
Name of person giving information <i>Angelo Hall.</i>		How related to deceased <i>son.</i>			

## CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

Primary <i>Valvular disease of heart</i>	How long <i>several years</i>
Immediate <i>Heart failure</i>	How long <i>a few hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Samuel J. Corwin</i>
	Address <i>1001 Academy Annapolis Md</i>
Accident or Suicide? <i>no</i>	



Name  
in  
Full

Kate Hall.

## CERTIFICATE OF DEATH

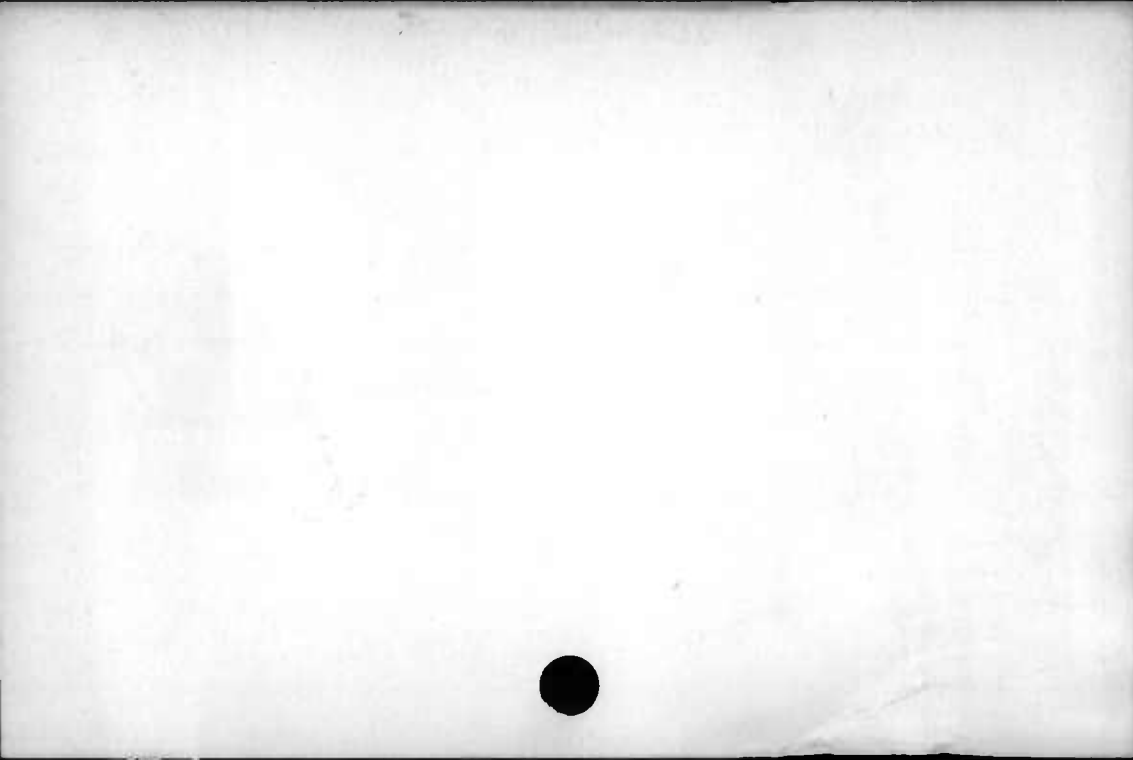
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>County Home</i>		Town <i>Home</i>		County <i>Anne Arundel</i>		MARYLAND	
Date of death <i>1907</i>		Month <i>Nov</i>		Day <i>21</i>		Age <i>66</i>	
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>Maryland</i>			
Occupation <i>Cook</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>Unknown</i>					
Father's Name <i>Unknown</i>		Father's Birthplace <i>Unknown</i>					
Mother's Maiden Name <i>Unknown</i>		Mother's Birthplace <i>Unknown</i>					
Name of person giving information <i>Curing Lewis</i>		How related to deceased <i>No relation</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Paralysis</i>	How long <i>1 year</i>
Immediate <i>Coma</i>	How long <i>5 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Jahn Collins</i>
	Address <i>South River</i>
Accident or Suicide?	<i>Med.</i>



Name  
in  
Full

## CERTIFICATE OF DEATH

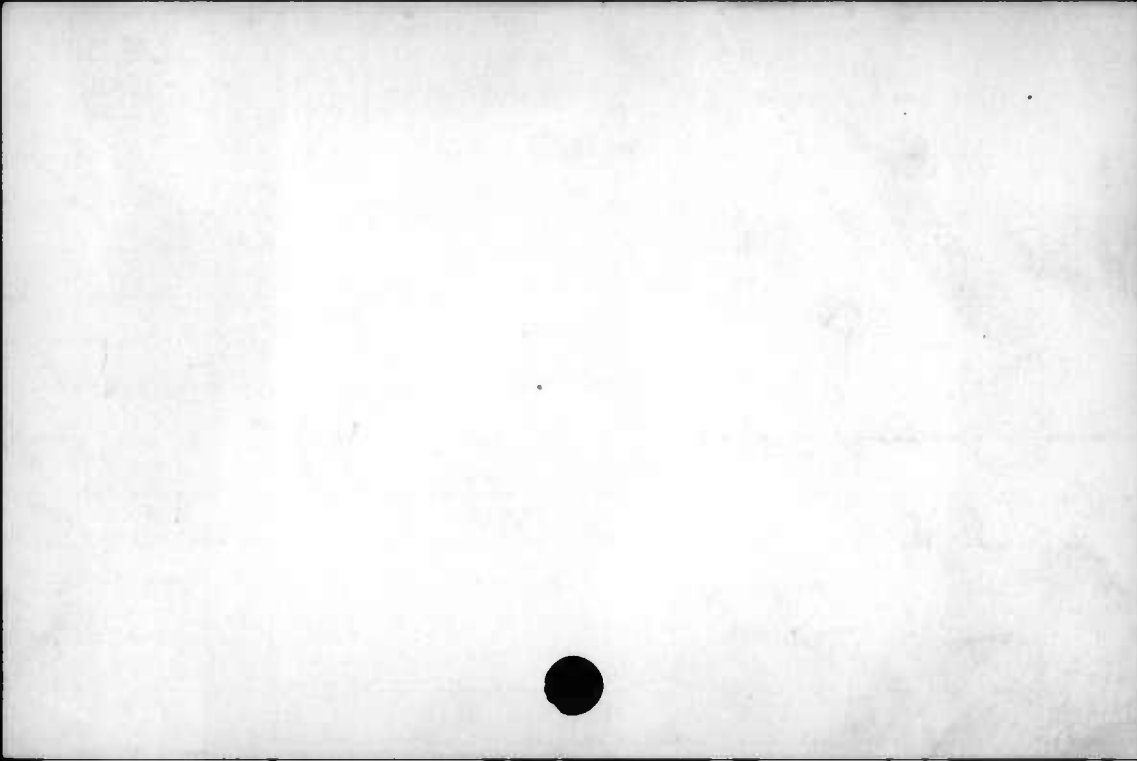
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Friendship</i> <sup>Town</sup>		<i>Hall</i> <sup>County</sup>		MARYLAND	
Date of death <i>1907</i>	<i>11</i> <sup>Month</sup>	<i>28</i> <sup>Day</sup>	Age <i>Sties</i> <sup>Years</sup>	<i>born</i> <sup>Months</sup>	<i>Infant</i> <sup>Days</sup>
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name <i>George Hall</i>			Father's Birthplace <i>Hunting Creek</i>		
Mother's Maiden Name <i>Catherine Maynard</i>			Mother's Birthplace <i>A A Mo</i>		
Name of person giving information <i>Geo Hall</i>			How related to deceased <i>Father</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Difficult Labor</i>	How long	<i>6 hours</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>J. L. Brayshaw</i>	
		Address <i>[Redacted]</i>	
Accident or Suicide?			





Name

in  
Full

Michel Hartman

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

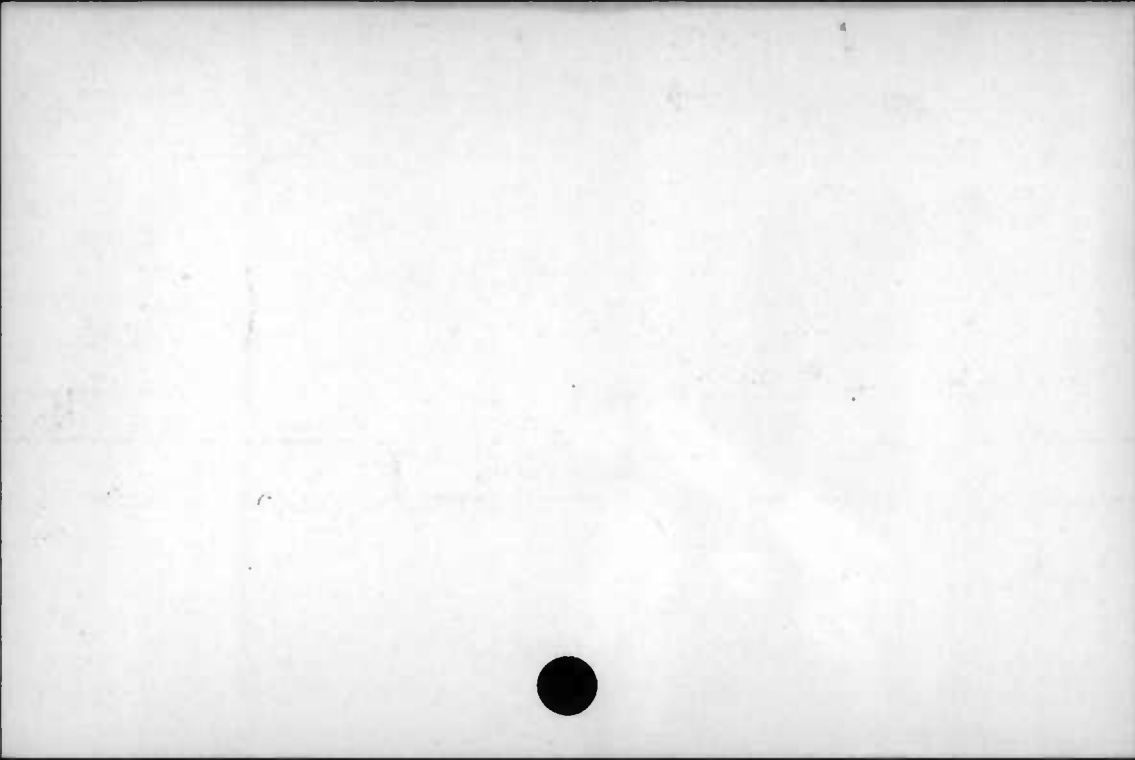
Died at <i>Mount Carmel Church</i>		Town <i>Anne Arundel</i>		County		MARYLAND	
Date of death <i>1901</i>	Month <i>Nov.</i>	Day <i>18</i>	Age <i>93</i>	Years	Months <i>8</i>	Days <i>X</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Germany</i>			
Occupation <i>Farmer</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>Cissie Bevers Hartman</i>					
Father's Name <i>Unknown</i>		Father's Birthplace <i>Germany</i>					
Mother's Maiden Name <i>Unknown</i>		Mother's Birthplace <i>Germany</i>					
Name of person giving information <i>W. J. Lockerman</i>		How related to deceased <i>Son-in-law</i>					

## CAUSES OF DEATH

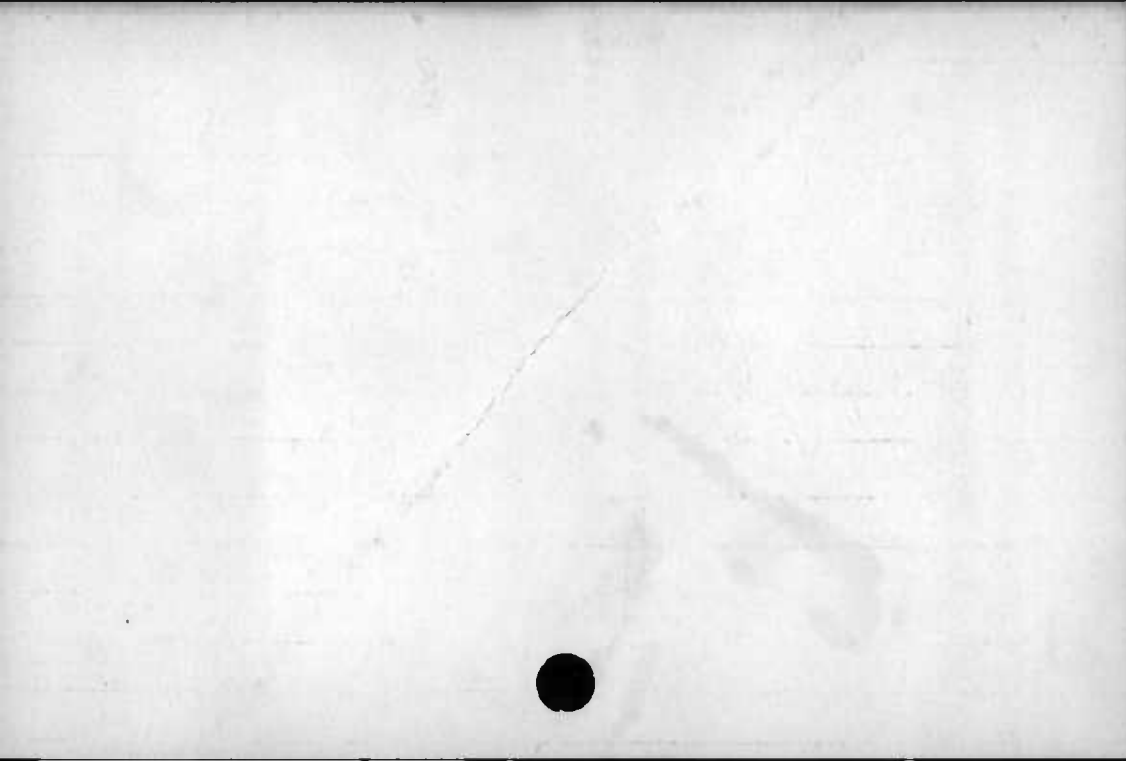
64

PHYSICIAN  
OR CORONER

Primary <i>Arterio-sclerosis</i>	How long <i>Zero years</i>
Immediate <i>Hemorrhage in the Brain</i>	How long <i>Immediate</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>James S. Billingsley M.D.</i>
	Address <i>Sub-Registrar &amp; Secy. a. a. c.</i>
Accident or Suicide? <i>No</i>	<i>amjgr</i>



Name in Full		Shawkins				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	East	Town	Port	County	A. A. Co.	
	Date of death	1907	Month	Nov.	Day	15th	Age
	Sex	Male		Color or Race	Col.		Birth-place
	Occupation				Where Residing if not at place of death		
	Married, Single or Widowed				Name of Wife or Husband		
	Father's Name	Samuel Shawkins				Father's Birthplace	A. A. Co.
	Mother's Maiden Name	Daisy Snowden				Mother's Birthplace	A. A. Co.
PHYSICIAN OR CORONER	Name of person giving information	Mother				How related to deceased	(S)
	CAUSES OF DEATH						
	Primary	Still-born				How long	
	Immediate					How long	
	Are the name, age, sex, color, date and place correctly given above?				Signature of Physician		John Ridout M.D.
	Yes				Address		Annapolis Md.
	Accident or Suicide?						



Name in Full		Town				County				CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>St. Margaret's</i>				<i>Anne Arundel</i>				MARYLAND			
		Date of death <b>1907</b>		Month <i>November</i>	Day <i>24</i>	Age <i>7</i>		Years		Months		Days	
		Sex <i>Female</i>				Color or Race <i>Colored</i>				Birth-place <i>Ark. Co. Md</i>			
		Occupation <i>No occupation</i>				Where Residing if not at place of death							
		Married, Single or <del>Widowed</del>				Name of Wife or Husband							
PHYSICIAN OR CORONER		Father's Name <i>Buck Hazelton</i>				Father's Birthplace <i>A. A. Co. Md</i>							
		Mother's Maiden Name <i>Maellie Thomas</i>				Mother's Birthplace <i>A. A. Co. Md</i>							
		Name of person giving information <i>James Long</i>				How related to deceased <i>Neighbor</i>							
CAUSES OF DEATH												(61)	
PHYSICIAN OR CORONER		Primary <i>meningitis</i>				How long <i>7 days</i>							
		Immediate <i>Cornia</i>				How long <i>3 "</i>							
		Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>				Signature of Physician <i>J. D. Ridout M.D.</i>				Address <i>Annapolis Md</i>			
		Accident or Suicide?				Address <i>R. F. D. No 1</i>							



Name  
in  
Full

Patrick Hooban

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Annapolis		County Anne Arundel		MARYLAND	
Date of death		190	7	November	18	Age	67
Sex		male		Color or Race		White	
Occupation		Fireman		Where Residing if not at place of death		Birth- place	
Married, Single or Widowed		Widower		Name of Wife or Husband		Catherine Hooban	
Father's Name		Martin Hooban		Father's Birthplace		Ireland	
Mother's Maiden Name		Anna Kelley		Mother's Birthplace		"	
Name of person giving In formation		Julia Hooban		How related to deceased		daughter	

## CAUSES OF DEATH

66

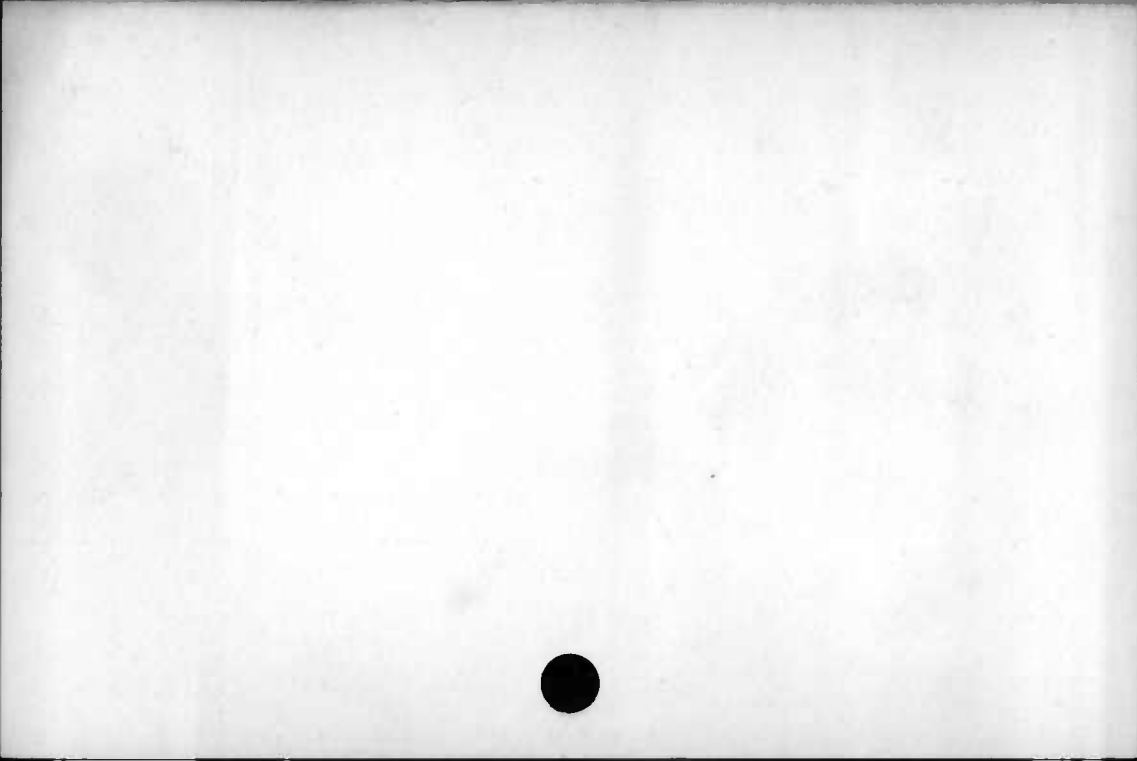
PHYSICIAN  
OR CORONER

Primary	Chronic Enteritis, Ulceration	How long	20 yrs
Immediate	Hemiplegia - Bronchitis	How long	3 or 4 wks
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		J. Oliver Purvis	
Address		Annapolis	
Accident or Suicide?		no	

1000



Name in Full		Helen Jackson				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Marley P.O.		County Anne Arundel		MARYLAND	
	Date of death	1907	Month Nov	Day 28	Age Years	Months 11	Days 22
	Sex	Female		Color or Race	Colored		Birth-place
	Occupation	Infant		Where Residing if not at place of death			
	Married, Single or Widowed	Single		Name of Wife or Husband			
	Father's Name	Jerry Jackson				Father's Birthplace	A.A.Co
	Mother's Maiden Name	Louise Dorsey				Mother's Birthplace	A.A.Co
Name of person giving information	Jerry Jackson				How related to deceased	Father	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Acute Bronchitis				How long	2 weeks
	Immediate	Acute Diarrhoea				How long	3 days
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		
					Address		
	Accident or Suicide?		No		James S. Beltinger M.D. Armagar Md.		



Name  
In  
Full

Elizabeth Johnson.

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Annapolis</i> Town		<i>A. A.</i> County		MARYLAND	
Date of death	<i>1907</i>	Month <i>Nov.</i>	Day <i>23.</i>	Age <i>84</i>	Years <i>—</i>
Sex <i>Female.</i>	Color or Race <i>Colord.</i>	Birth-place <i>Annapolis</i>			
Occupation <i>Maid.</i>	Where Residing if not at place of death <i>821 Charles Street</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Reuben Johnson.</i>				
Father's Name <i>unknown.</i>	Father's Birthplace <i>unknown</i>				
Mother's Maiden Name <i>Rebecca Johnson</i>	Mother's Birthplace <i>Annapolis</i>				
Name of person giving information <i>Reuben Johnson</i>	How related to deceased <i>Husband.</i>				

## CAUSES OF DEATH

64

PHYSICIAN  
OR CORONER

Primary <i>Cerebral Thrombosis</i>	How long <i>5 months</i>
Immediate <i>Exhaustion</i>	How long <i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>H. P. Keace</i>
	Address <i>60 Cathedral St Annapolis Md.</i>
Accident or Suicide? <i>No</i>	



Name  
in  
Full

Sophia Johnson.

## CERTIFICATE OF DEATH

MARYLAND

Died at Annapolis

Town

Anne County

Date

of death 1907

Month

Nov

Day

4

Age

Years

80

Months

Days

Sex

Female

Color or  
Race

Colored

Birth  
place

Chesterfield a.g.co md

Occupation

Cook.

Where Residing if not  
at place of death

901 Olney Street

Married, Single  
or Widowed

Widow.

Name of Wife or  
Husband

James Johnson.

Deceased.

Father's  
Name

Thomas Jennings

Father's  
Birthplace

Chesterfield md

Mother's  
Maiden Name

Melvina Cager

Mother's  
Birthplace

Chesterfield md

Name of person giving  
Information

Elizabeth Gambrel

How related  
to deceased

Sister

## CAUSES OF DEATH

90

Primary

Bronchitis

How long

One week

Immediate

Heart Failure

How long

10 minutes

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

R. P. Keene

Address

60 Cathedral St  
Annapolis, Md

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Brewerhill X

Name  
in  
Full

Jones

## CERTIFICATE OF DEATH

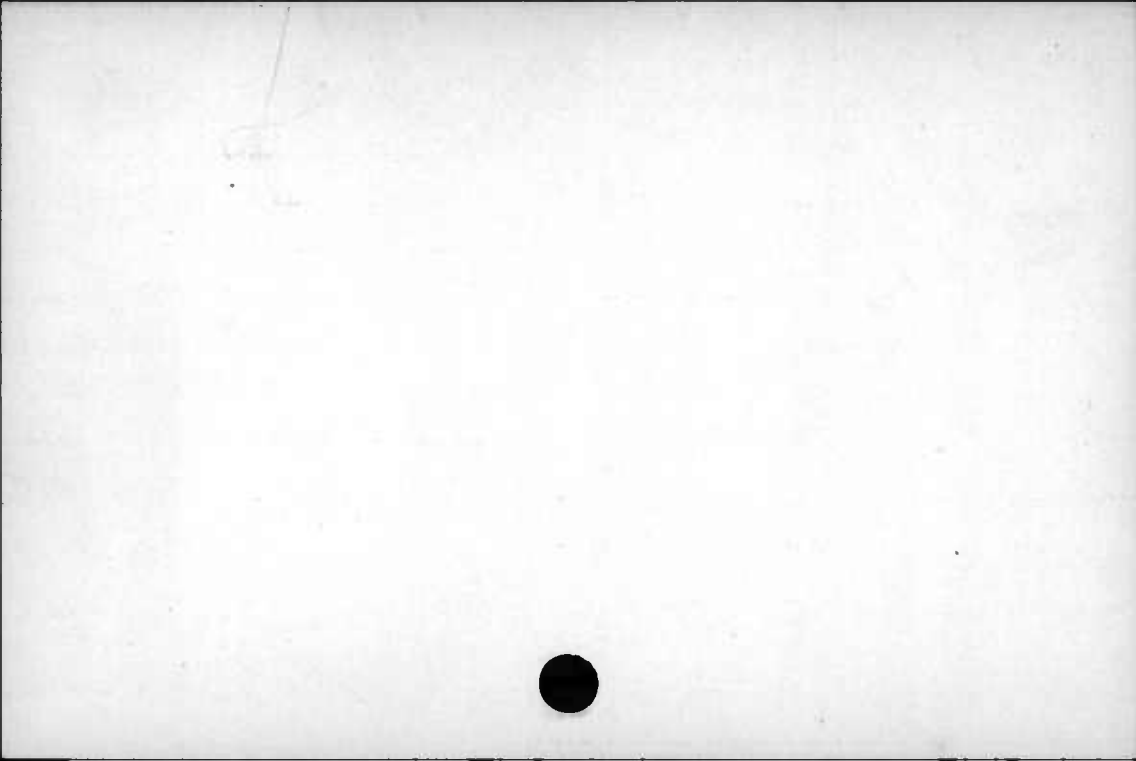
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Annapolis</i> Town		<i>9</i> County		MARYLAND		
Date of death <i>1907</i>	Month <i>Nov</i>	Day <i>15</i>	Age <i>—</i>	Years <i>—</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth-place		
Occupation			Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband				
Father's Name <i>Isaac Jones</i>		Father's Birthplace <i>Annapolis</i>				
Mother's Maiden Name <i>Georgianna H Green</i>		Mother's Birthplace <i>Annapolis</i>				
Name of person giving information <i>Isaac Jones</i>		How related to deceased <i>Father</i>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Sudden</i>	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Wm S Welch Health Officer</i>
	Address <i>Annapolis</i>
Accident or Suicide? <i>—</i>	





Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

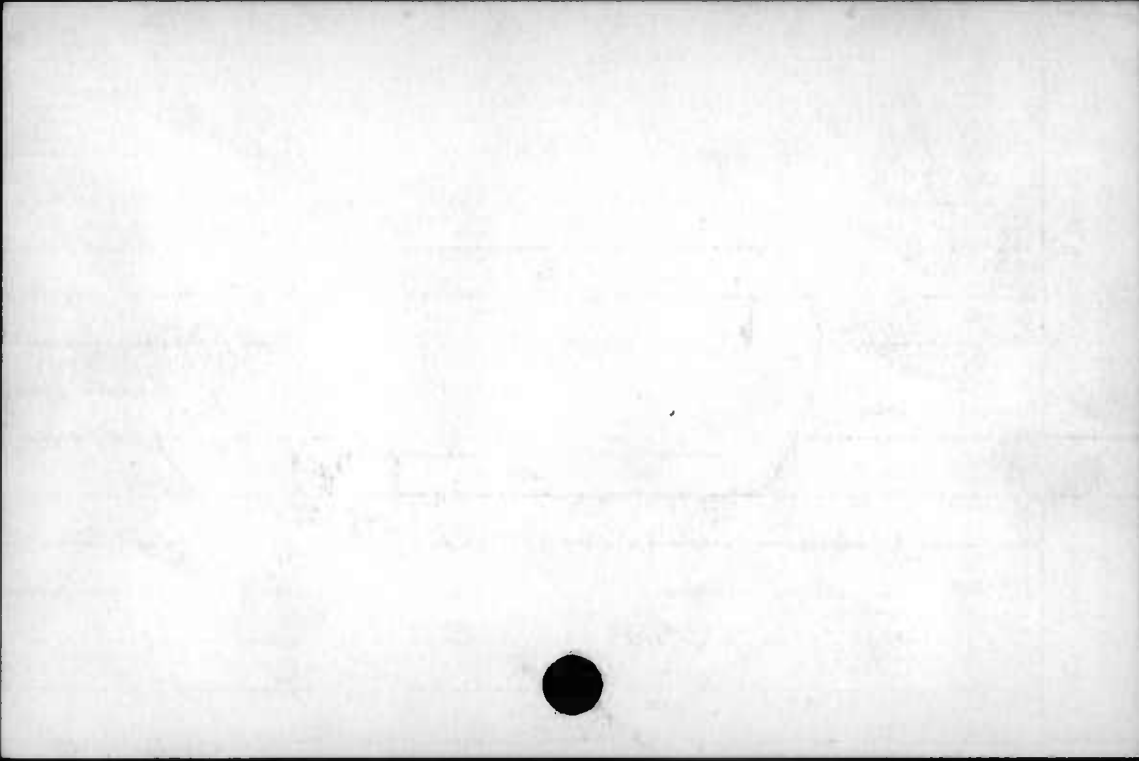
Died at <i>Brooklyn</i> <small>Town</small>		<i>Anne Arundel</i> <small>County</small>		MARYLAND	
Date of death <i>1907</i>	<i>Nov</i> <small>Month</small>	<i>4<sup>th</sup></i> <small>Day</small>	Age <i>36</i> <small>Years</small>	<i>—</i> <small>Months</small>	<i>—</i> <small>Days</small>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Austria</i>		
Occupation <i>Laborer</i>		Where Residing if not at place of death <i>Curtis Bay</i>			
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Marie Annie Kamecki</i>				
Father's Name <i>Florian Kamecki</i>		Father's Birthplace <i>Austria</i>			
Mother's Maiden Name <i>Martha Kamecki</i>		Mother's Birthplace <i>Austria</i>			
Name of person giving information <i>Joseph Kamecki</i>		How related to deceased <i>Brother</i>			

CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

Primary <i>Heart trouble</i>	How long <i>—</i>
Immediate <i>4</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Emilischel coroner</i>
<i>J</i>	Address <i>South Balto A &amp; C</i>
Accident or Suicide?	<i>Med</i>



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

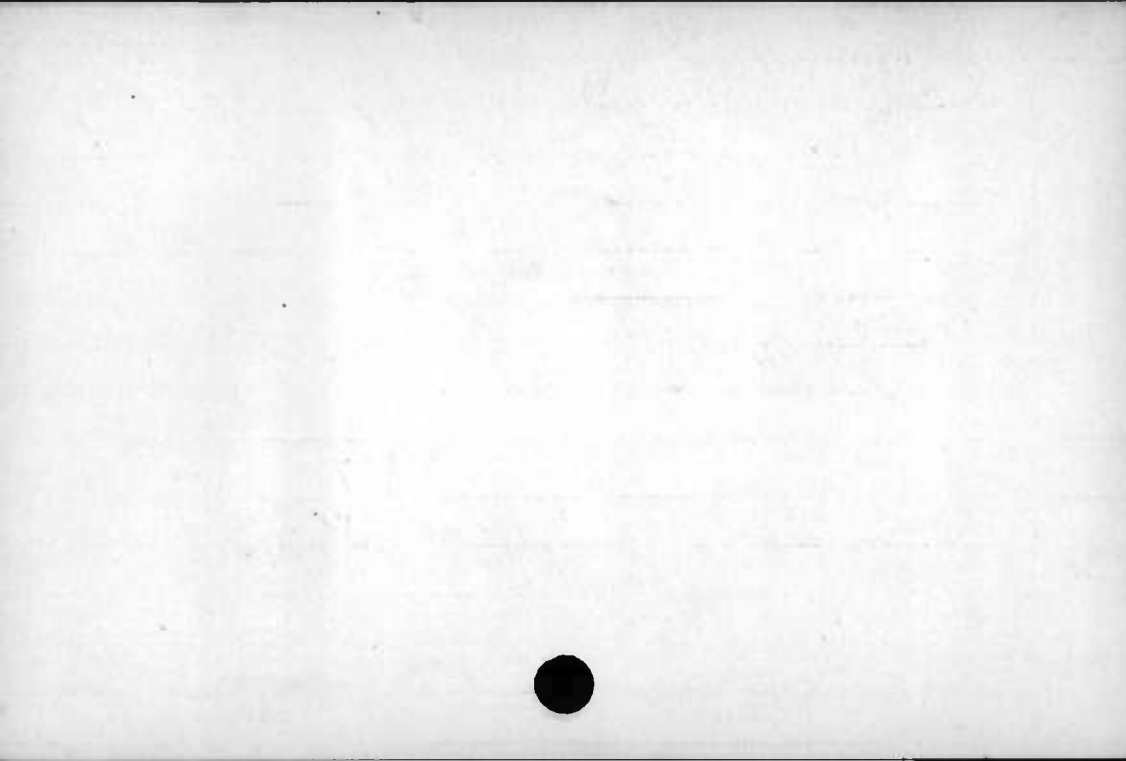
Died at <i>Annapolis</i> <sup>Town</sup>		<i>Anne Arundel</i> <sup>County</sup>		MARYLAND	
Date of death <i>1907</i>	Month <i>Nov</i>	Day <i>17</i>	Age <i>1</i> Years	Months <i>2</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Annapolis Md</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Louis Bohm</i>			Father's Birthplace <i>Russia</i>		
Mother's Maiden Name <i>Lena Goffe</i>			Mother's Birthplace <i>Russia</i>		
Name of person giving information <i>Louis Bohm</i>			How related to deceased <i>Father</i>		

## CAUSES OF DEATH

100

PHYSICIAN  
OR CORONER

Primary	<i>Gastritis, Nephritis, Lupetiga</i>	How long <i>one week</i>
Immediate	<i>Insanition</i>	How long <i>12 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Louis B. Hulceff</i>
		Address <i>Annapolis, Md.</i>
Accident or Suicide? <i>neither</i>		



Name  
in  
Full

Susie Lee

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

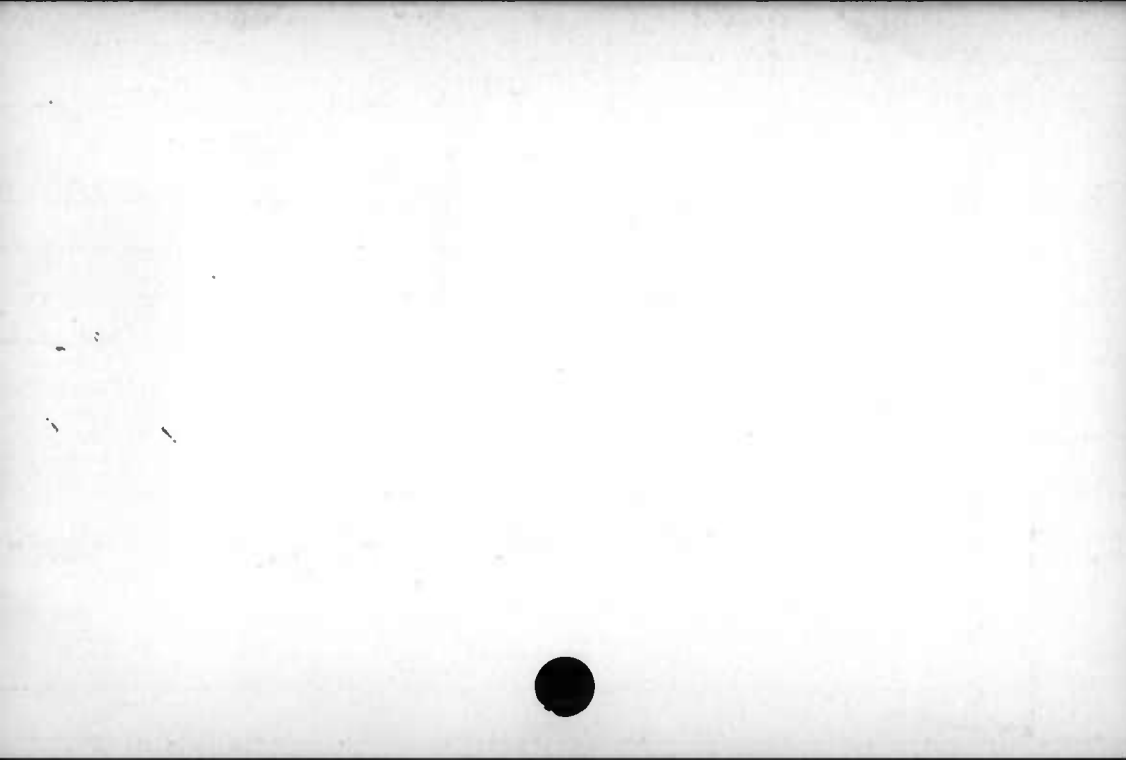
Died at <i>Mayo</i> Town		<i>Anne Arundel</i> County		MARYLAND	
Date of death	<i>1907</i>	Month <i>Nov.</i>	Day <i>20</i>	Age <i>9</i>	Years <i>9</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Anne Arundel</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>William Lee</i>		Father's Birthplace <i>Anne Arundel Co.</i>			
Mother's Maiden Name <i>Rebecca Bullen</i>		Mother's Birthplace <i>Anne Arundel Co.</i>			
Name of person giving information <i>John Collinson</i>		How related to deceased <i>No relation</i>			

## CAUSES OF DEATH

85

PHYSICIAN  
OR CORONER

Primary <i>Eruptaxis</i>	How long <i>2 years</i>
Immediate <i>Heart weakness</i>	How long <i>1 month</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>John Collinson</i>
<i>—</i>	Address <i>South River</i>
Accident or Suicide? <i>—</i>	<i>MD</i>



Name  
in  
Full

Fladislav Morris

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *St. Balti*

Town

*cc*

County

Date of death *1907 Nov.*

Month

Day

Age *3*

Years

Months

Days

Sex *Male*Color or  
Race*white*Birth-  
place*St. Balti*

Occupation

Where Residing if not  
at place of deathMarried, Single  
or WidowedName of Wife or  
HusbandFather's  
Name*Antone Morris*Father's  
Birthplace*Bohemia*Mother's  
Maiden Name*Francis Scott*Mother's  
Birthplace*do*Name of person giving  
In formation*Antone Morris*How related  
to deceased*Father*

## CAUSES OF DEATH

71

Primary

How long

Immediate

How long

Are the name, age, sex, color, date  
and place correctly given above?*yes*Signature of  
Physician

Address

*Dr. B. Horton MD.  
St. Balti, Md.*

Suicide?





Name  
in  
Full

Anne Rebecca Nickolson

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

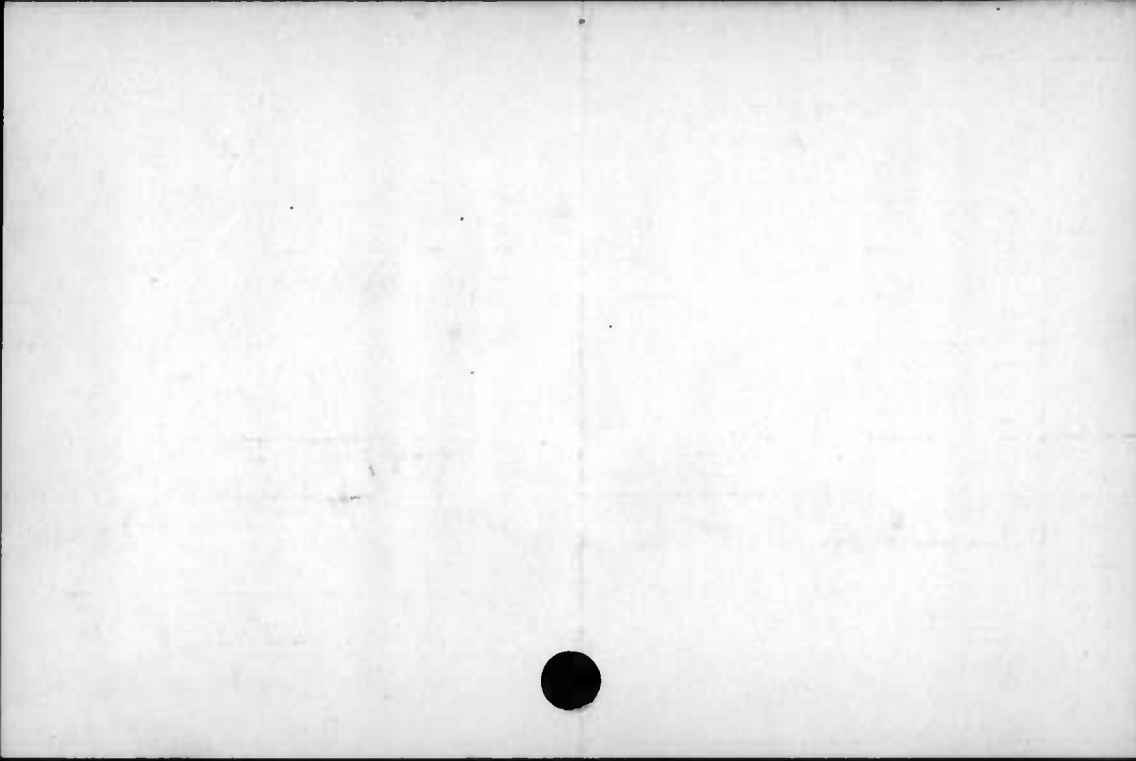
Died at <i>Hanover (P.O.)</i>		County <i>Anne Arundel</i>		MARYLAND	
Date of death	Month	Day	Age	Months	Days
<i>1907</i>	<i>18</i>	<i>4</i>	<i>32</i>	<i>3</i>	<i>10</i>
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth-place <i>Maryland</i>		
Occupation <i>General housework</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Jay C. Nickolson</i>				
Father's Name <i>Nicholas Green</i>	Father's Birthplace <i>Maryland</i>				
Mother's Maiden Name <i>Elizabeth Anne Waters</i>	Mother's Birthplace <i>"</i>				
Name of person giving information <i>E. A. Waters</i>	How related to decedent <i>Mother</i>				

## CAUSES OF DEATH

136

PHYSICIAN  
OR CORONER

Primary <i>Died during labor -</i>	How long <i>About 9 hours -</i>
Immediate <i>Rupture of uterine <sup>hemorrhage</sup></i>	How long <i>_____</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Thos. P. Benson</i>
	Address <i>Hanover Md.</i>
Accident or Suicide?	



Name  
in  
Full

Mary Agnes Green.

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

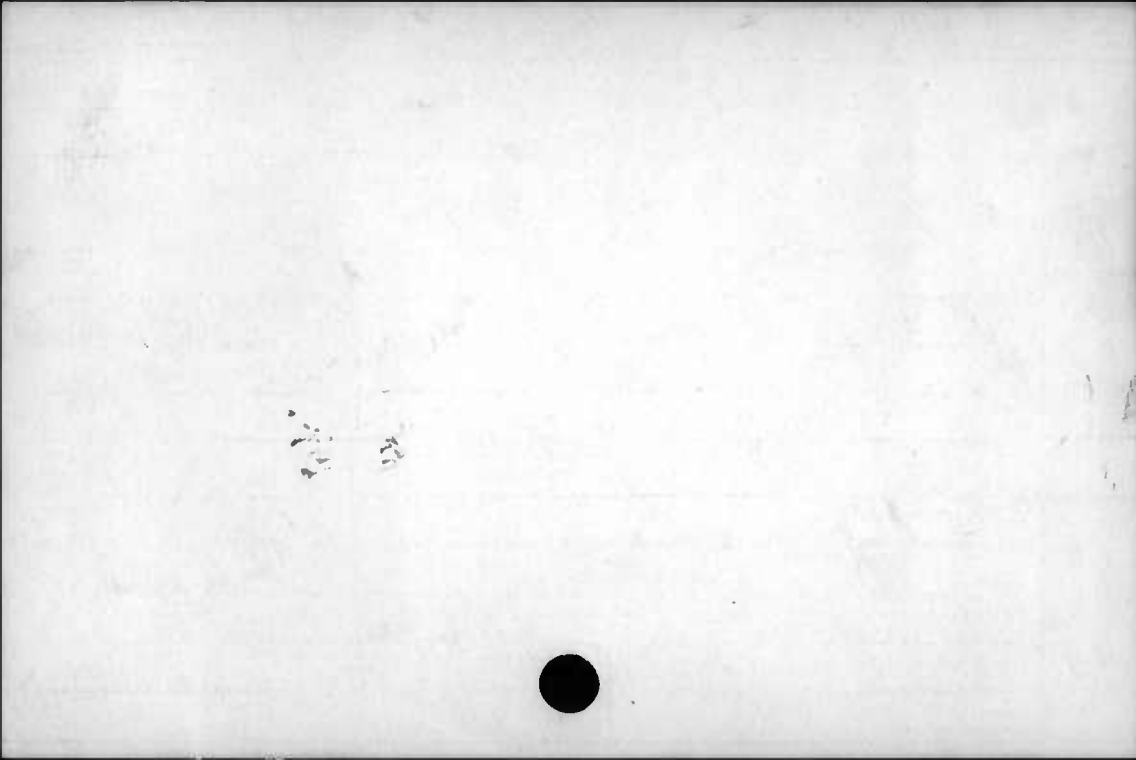
Died at		Town Annapolis		County A. A.	
Date of death		Month Nov.	Day 26.	Age —	Years —
Sex Female		Color or Race Colord.		Birth- place Annapolis	
Occupation —		Where Residing if not at place of death Carroll ally			
Married, Single or Widowed —		Name of Wife or Husband —			
Father's Name William Henry Green		Father's Birthplace Annapolis			
Mother's Maiden Name Libella Harrod.		Mother's Birthplace Annapolis			
Name of person giving In formation Wm. H. Green		How related to deceased Father.			

## CAUSES OF DEATH

179

PHYSICIAN  
OR CORONER

Primary	Marasmus	How long Since Birth
Immediate	Exhaustion	How long Gradual
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician John Ridout M.D.
Accident or Suicide?		Address Annapolis Md.



Name  
in  
Full

Lillie May Reese

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

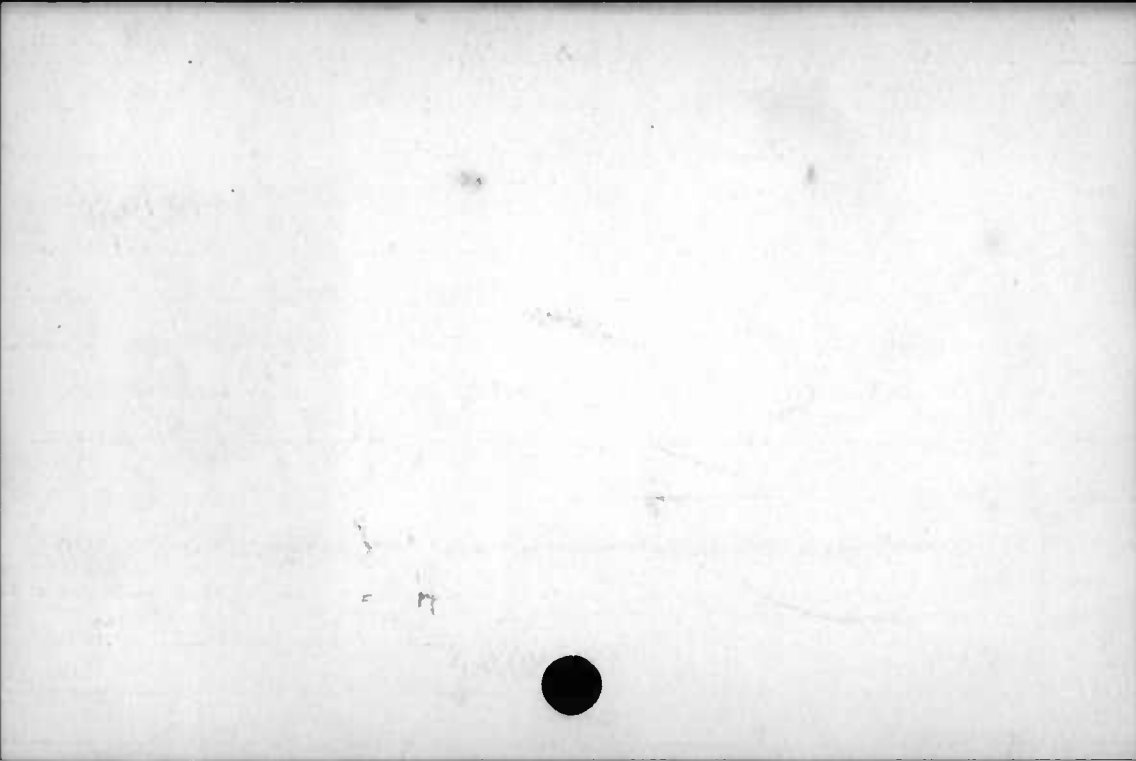
Died at <u>Annapolis</u> <small>Town</small>		<u>Anne Arundel</u> <small>County</small>		MARYLAND	
Date of death	<u>1907</u> <small>Year</small>	<u>Nov</u> <small>Month</small>	<u>9</u> <small>Day</small>	<u>17</u> <small>Years</small>	<u>17</u> <small>Months</small>
Sex	<u>Female</u>	Color or Race	<u>White</u>	Birth-place	<u>Annapolis Md</u>
Occupation			Where Residing if not at place of death		
Married, Single or Widowed		Name of Wife or Husband			
<u>Single</u>					
Father's Name		Father's Birthplace			
<u>C. R. Reese</u>		<u>St. Louis Mo.</u>			
Mother's Maiden Name		Mother's Birthplace			
<u>Lillie Hopkins</u>		<u>Annapolis Md</u>			
Name of person giving information		How related to deceased			
<u>C. R. Reese</u>		<u>Father</u>			

## CAUSES OF DEATH

11571

PHYSICIAN  
OR CORONER

Primary	<u>Acute Emaciation</u>	How long	<u>14 days</u>
Immediate	<u>Cardiac Asthenia</u>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<u>Yes</u>		<u>Walton H Hopkins M.D.</u>	
		Address	
		<u>Annapolis Md.</u>	
Accident or Suicide?			



Name  
in  
FullTO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Muczy slow Rozmarynoski

## CERTIFICATE OF DEATH

MARYLAND

Died at *Brooklyn*

Town

County *A*Date of death *1907 Nov 18*

Month

Day

Age *1*

Years

Months *3*

Days

Sex *Male*Color or  
Race*white*Birth  
place*Md*Occupation *---*Where Residing if not  
at place of death *---*Married, Single  
or Widowed *---*Name of Wife or  
Husband *---*Father's  
Name*Joseph Rozmarynoski*Father's  
Birthplace*Russia*Mother's  
Maiden Name*Margaret Bednurski*Mother's  
Birthplace*Russia*Name of person giving  
information*Joseph Rozmarynoski*How related  
to deceased*Father*

## CAUSES OF DEATH

*179*

Primary

*Marasmus*

How long

*only saw child once*

How long

Immediate

Are the name, age, sex, color, date  
and place correctly given above?*yes*Signature of  
Physician*Thos. B. Horton M.D.*

Address

*So. Baltimore Md*

Accident? Suicide?





Name

in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Catherine Schmidt

Died at *Do Baltimore* Town*Adm* County

MARYLAND

Date of death *1907* Month *1* Day *1*Age *8* Years

Months

Days

Sex *Female*Color or Race *White*Birth-place *Brooklyn, Md*Occupation *School girl*

Where Residing if not at place of death

Married, Single or Widowed

Name of Wife or Husband

Father's Name *Louis Schmidt*Father's Birthplace *Germany*Mother's Maiden Name *Kate Meier*Mother's Birthplace *Balto, Md*Name of person giving information *Louis Schmidt*How related to deceased *Father*

## CAUSES OF DEATH

⑨

Primary *Membranous Croup*How long *2 days*Immediate *Heart Failure*How long *at once*

Are the name, age, sex, color, date and place correctly given above?

*yes*

Signature of Physician

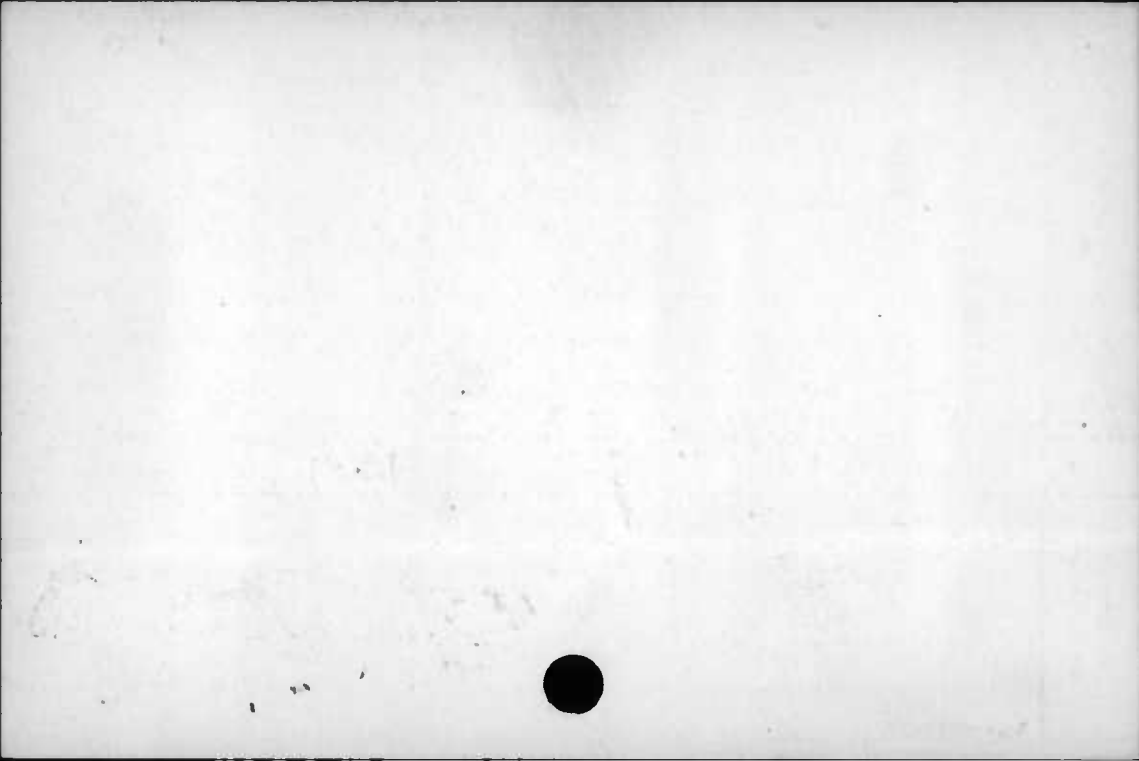
*Thos. B. Horton M.D.*

Address

*Do. Balto. Md -*

Accident?

PHYSICIAN  
OR CORONER



Name

in Full

## CERTIFICATE OF DEATH

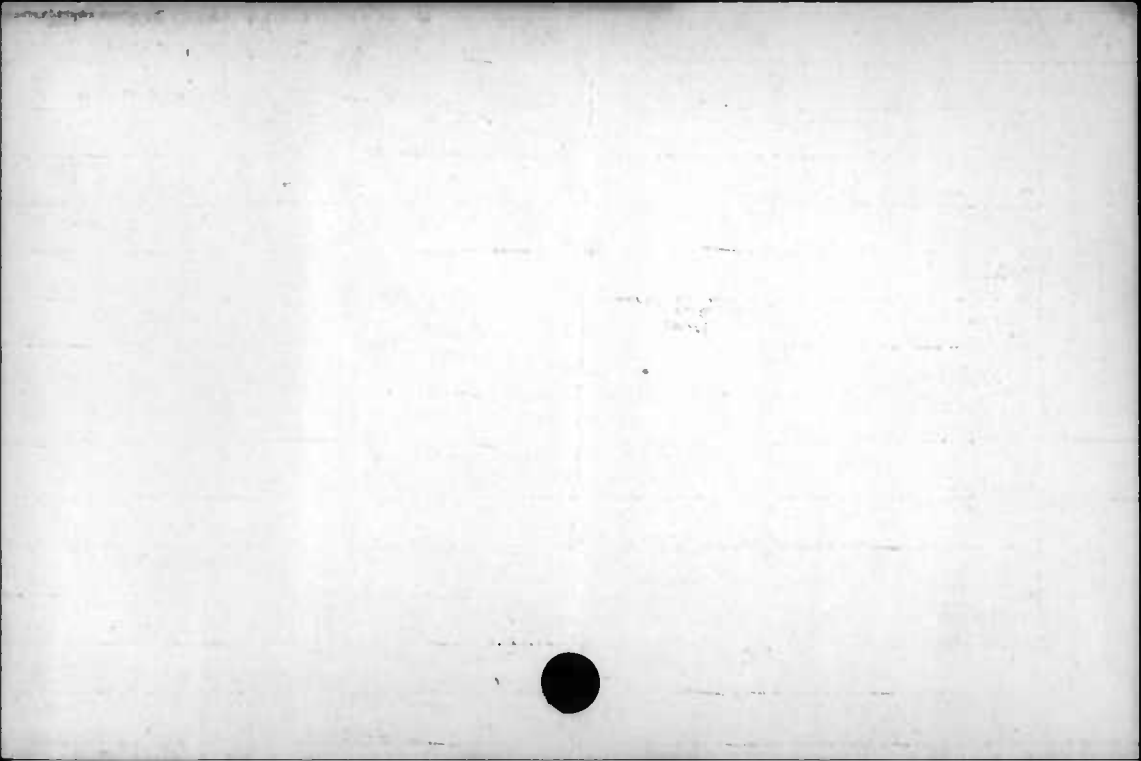
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Las Angeles</i> <small>Town</small>		<i>State of California</i> <small>County</small>	
Date of death <i>1907</i>	Month <i>Nov</i>	Day <i>23</i>	Age <i>28</i> <small>Years</small>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-Place <i>A. T. Co. Md</i>	
Occupation <i>Manager of a Plantation</i>	Where Residing if not at place of death <i>Died out of State.</i>		
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband		
Father's Name <i>Samuel T. Shipley</i>	Father's Birthplace <i>A. T. Co. Md</i>		
Mother's Maiden Name <i>Fannie Phelps</i>	Mother's Birthplace <i>A. T. Co. Md</i>		
Name of person giving information <i>Arthur M. Shipley</i>	How related to deceased <i>Cousin</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Tuberculosis</i>	How long <i>One Year</i>
Immediate <i>Tuberculosis &amp; Exhaustion</i>	How long <i>One week</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>C. R. Winterson M.D.</i>
	Address <i>Hanover Maryland</i>
Accident or Suicide?	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

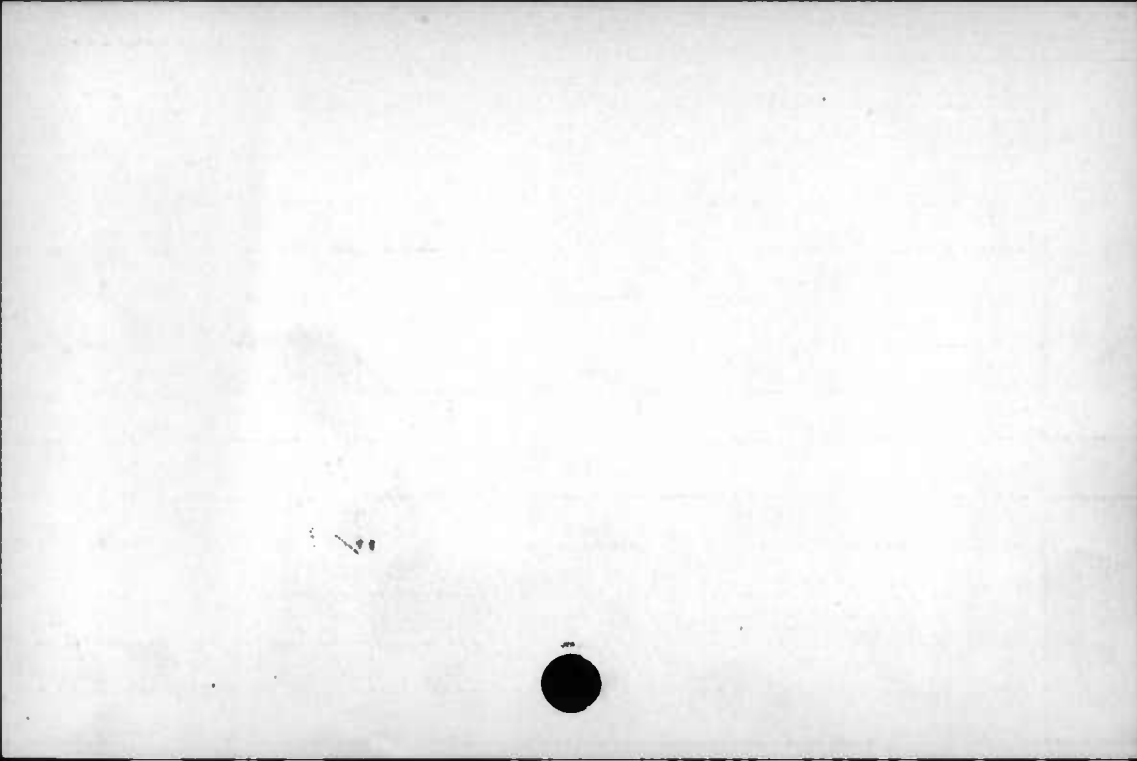
Died at <i>Annapolis</i> <sup>Town</sup>		<i>a.a.</i> <sup>County</sup>		MARYLAND	
Date of death <i>1907</i>	<i>Nov</i> <sup>Month</sup>	<i>6</i> <sup>Day</sup>	Age <i>—</i> <sup>Years</sup>	<i>3</i> <sup>Months</sup>	<i>4</i> <sup>Days</sup>
Sex <i>Male</i>	Color or Race <i>Colord.</i>		Birth-place <i>Annapolis</i>		
Occupation <i>—</i>	Where Residing if not at place of death <i>218 Lincoln Place</i>				
Married, Single or Widowed <i>—</i>	Name of Wife or Husband <i>—</i>				
Father's Name <i>Moses Smith</i>	Father's Birthplace <i>Calvert Co. Md</i>				
Mother's Maiden Name <i>Maggie Bias</i>	Mother's Birthplace <i>Annapolis</i>				
Name of person giving information <i>Moses Smith</i>	How related to deceased <i>Father</i>				

## CAUSES OF DEATH

90

PHYSICIAN  
OR CORONER

Primary <i>Capillary Bronchitis</i>	How long <i>1 day</i>
Immediate <i>Suffocation</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Wm S Welch H. C.</i>
<i>no</i>	Address <i>Annapolis</i>
Accident or Suicide? <i>no</i>	



Name  
in  
Full

Spriggs

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

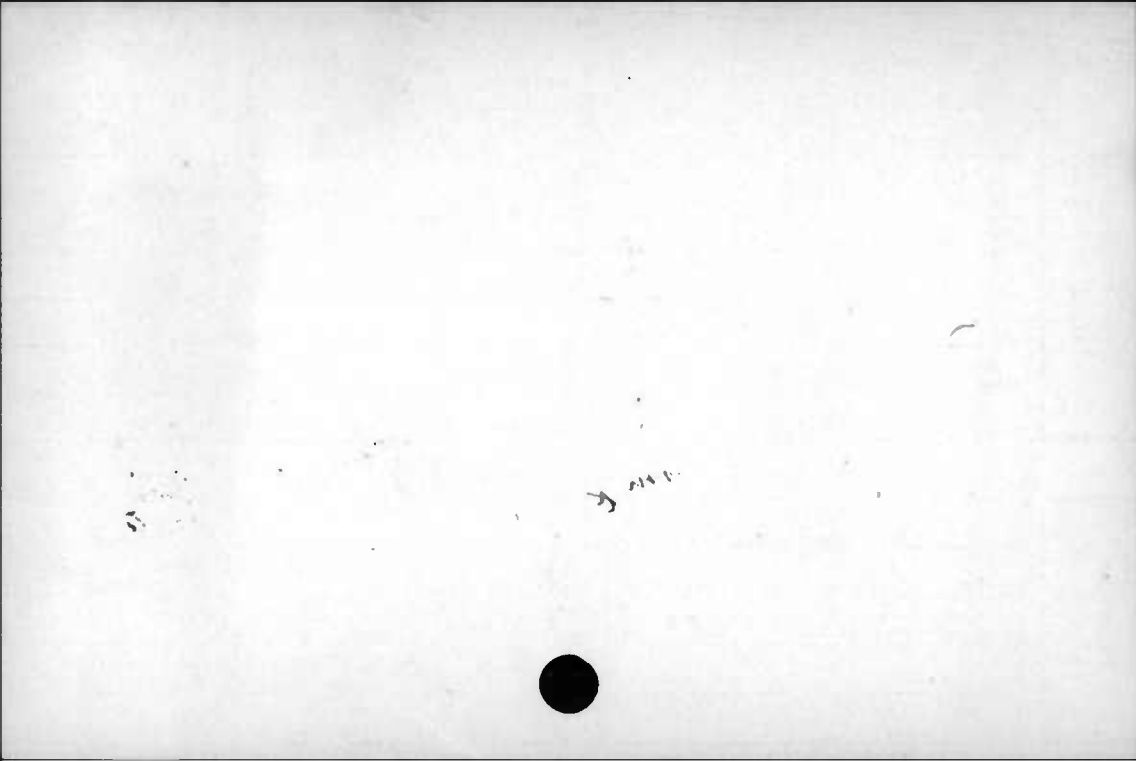
Died at <i>Annapolis</i> <small>Town</small>		<i>99</i> <small>County</small>		MARYLAND	
Date of death <i>1907</i>	<i>Nov</i> <small>Month</small>	<i>29</i> <small>Day</small>	Age <small>Years</small>	Months	Days <i>1</i>
Sex <i>male</i>	Color or Race <i>White</i>		Birth-place <i>Annapolis</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>—</i>			Name of Wife or Husband <i>—</i>		
Father's Name <i>Archie C. Spriggs</i>			Father's Birthplace <i>A.A.Co. Md</i>		
Mother's Maiden Name <i>Elizabeth Shepherd</i>			Mother's Birthplace <i>A.A.Co. Md</i>		
Name of person giving information <i>Arch C. Spriggs</i>			How related to deceased <i>Father</i>		

## CAUSES OF DEATH

151

PHYSICIAN  
OR CORONER

Primary <i>Premature birth.</i>	How long
Immediate <i>Asthenia</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Chas S Welch</i>
<i>9</i>	Address <i>Annapolis Md</i>
Accident or Suicide? <i>—</i>	





Name  
in  
Full

Margaret Stewart

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

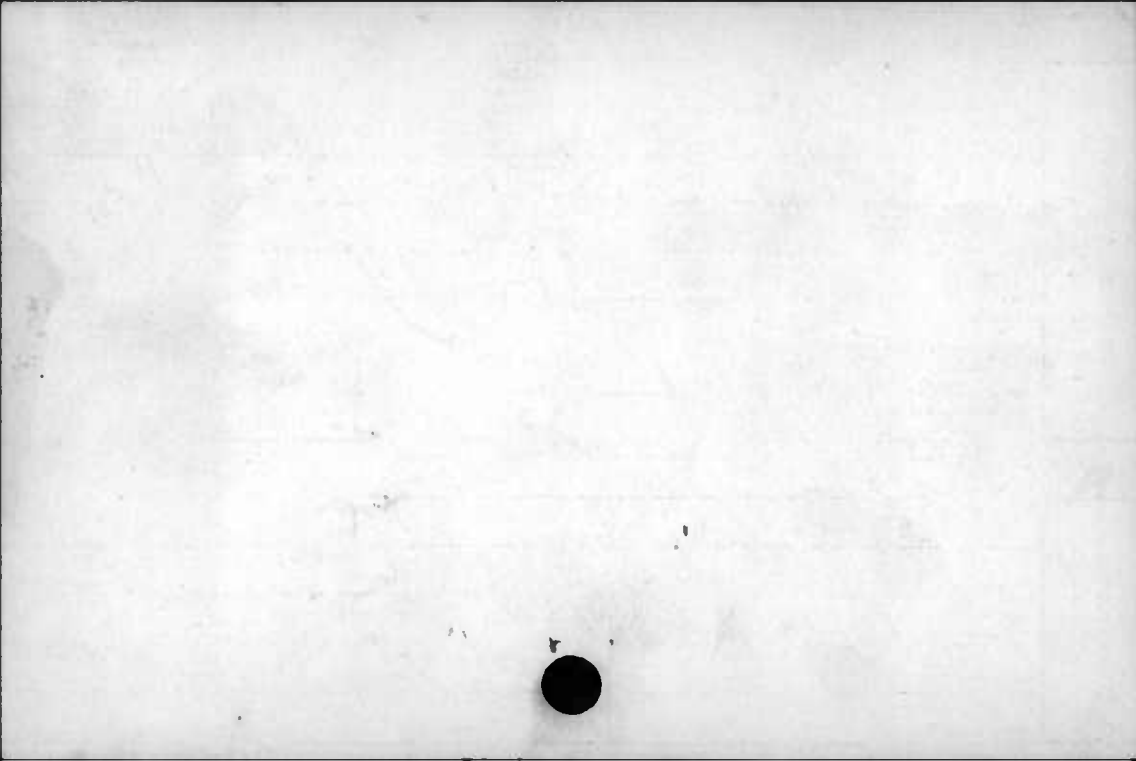
Died at <u>Eastport</u> Town		<u>W. A. Co.</u> County		MARYLAND	
Date of death	<u>1907</u> Month	<u>Nov.</u> Day	Age	<u>60</u> Years	Months Days
Sex	<u>Female</u>	Color or Race	<u>White</u>	Birth-place	<u>Ireland</u>
Occupation	<u>House Wife</u>		Where Residing if not at place of death		
Married, Single or Widowed	<u>Married</u>	Name of Wife or Husband	<u>John T. Stewart</u>		
Father's Name	<u>Thos. Bryant</u>		Father's Birthplace	<u>Ireland</u>	
Mother's Maiden Name	<u>Mary Little</u>		Mother's Birthplace	..	
Name of person giving information	<u>John T. Stewart</u>		How related to deceased	<u>Husband</u>	

## CAUSES OF DEATH

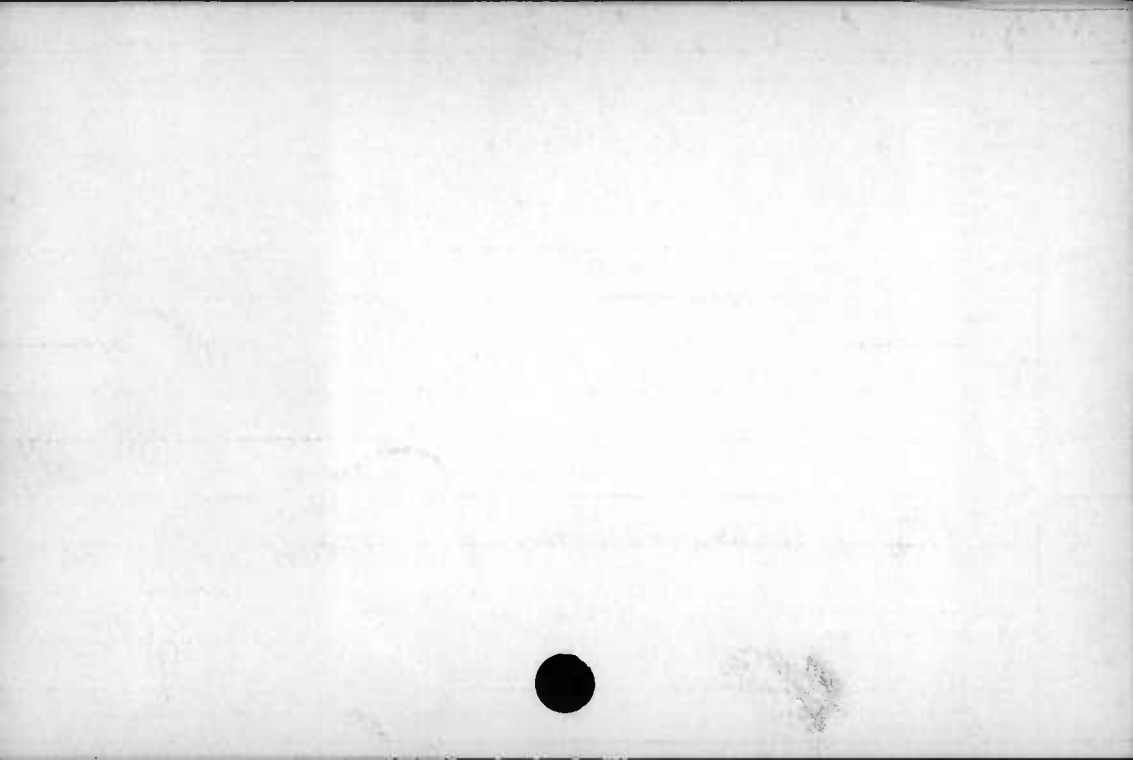
114

PHYSICIAN  
OR CORONER

Primary	<u>Cholecystitis</u>	How long	<u>5 months</u>
Immediate	<u>Jaundice &amp; Exhaustion</u>	How long	<u>1 month</u>
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician	<u>H. M. S. Welch</u>
		Address	<u>Annapolis</u>
Accident or Suicide?	<u>—</u>		



Name in Full		Elizabeth Summers.				CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at <sup>Town</sup> Annapolis		A. A. <sup>County</sup>		MARYLAND			
		Date of death 1907		Month Nov.	Day 20.	Age 61.	Months —	Days —	
		Sex Female.		Color or Race Colored.		Birth-place Annapolis.			
		Occupation Domestic		Where Residing if not at place of death Annapolis Franklin St.					
		Married, Single or Widowed Widow		Name of Wife or Husband James Summers.					
		Father's Name George Addison		Father's Birthplace Annapolis					
		Mother's Maiden Name Rebecca Shopler		Mother's Birthplace Annapolis					
Name of person giving information Mary Redolph		How related to deceased Sister							
CAUSES OF DEATH									
PHYSICIAN OR CORONER		Primary Heart Disease				How long Several Years			
		Immediate				How long			
		Are the name, age, sex, color, date and place correctly given above? I think so				Signature of Physician Wm S Welch M.D.			
		Address				Annapolis			
Accident or Suicide? —									



Name  
in  
Full

Alfred Surisko

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

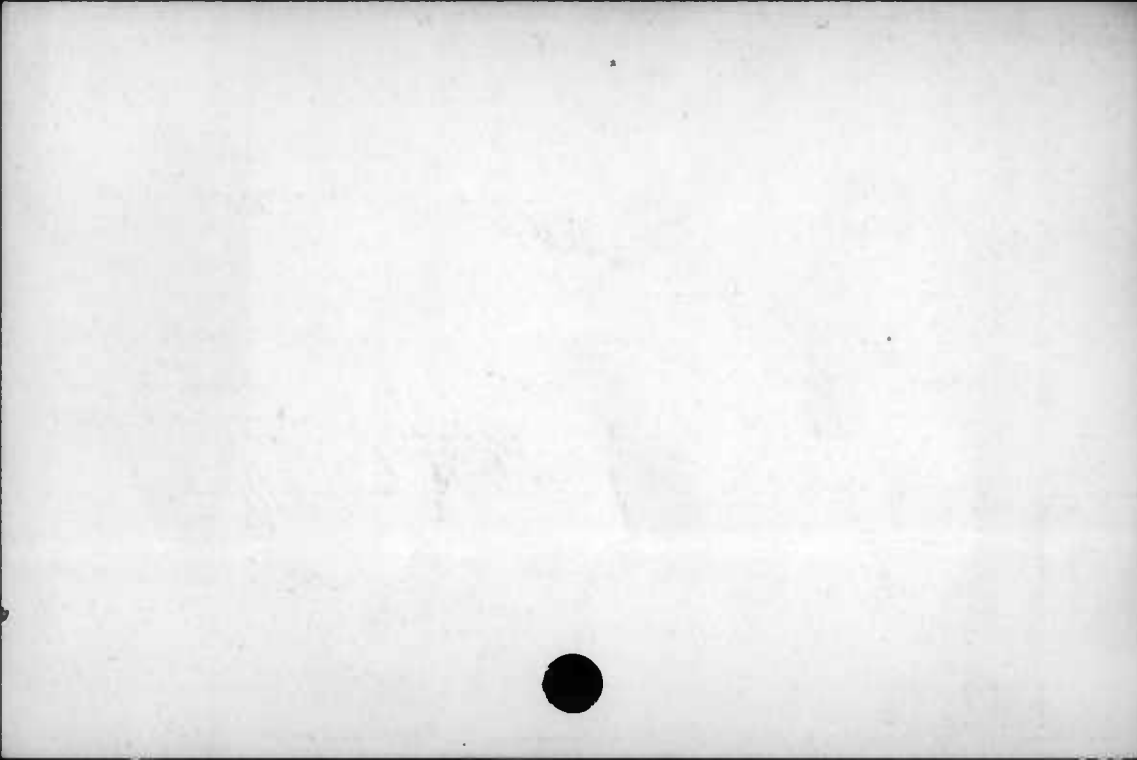
Died at <u>SorBatto</u> <sup>Town</sup>		<u>SEA</u> <sup>County</sup>		MARYLAND	
Date of death <u>1907</u>	<u>Nov</u> <sup>Month</sup>	<u>1</u> <sup>Day</sup>	<u>—</u> <sup>Age</sup>	<u>—</u> <sup>Years</sup>	<u>7</u> <sup>Months</sup>
Sex <u>male</u>	Color or Race <u>white</u>		Birth-place <u>S. Batto. Md</u>		
Occupation <u>—</u>			Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed <u>—</u>		Name of Wife or Husband <u>—</u>			
Father's Name <u>Blazej Surisko</u>			Father's Birthplace <u>Poland</u>		
Mother's Maiden Name <u>Anna Stazyo Worrak</u>			Mother's Birthplace <u>Poland</u>		
Name of person giving information <u>Blazej Surisko</u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH

104

PHYSICIAN  
OR CORONER

Primary <u>Acute Indigestion</u>	How long <u>6 hours</u>
Immediate <u>Convulsions</u>	How long <u>2 hours</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Thos. B. Norton M.D.</u>
<u>J</u>	Address <u>SorBatto. Md.</u>
Accident or Suicide <u>—</u>	



Name  
in  
Full

## CERTIFICATE OF DEATH

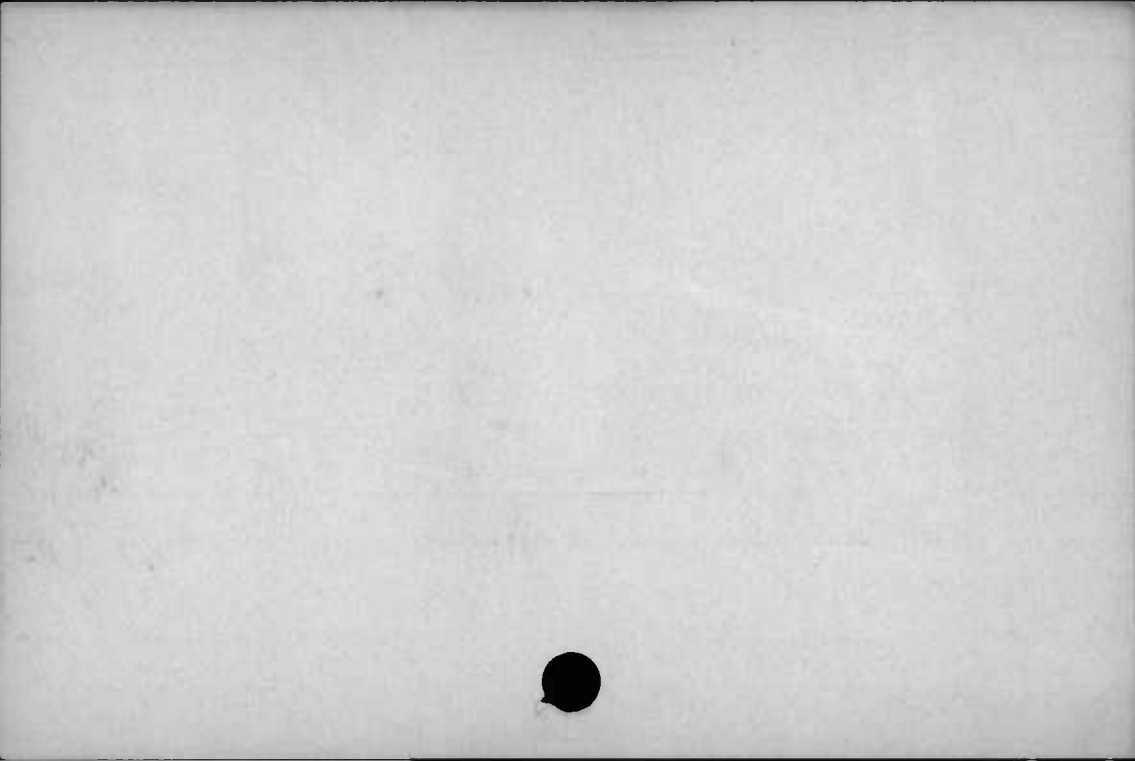
TO BE ANSWERED BY  
NEAREST FRIEND

James Earle Tilghman		County		MARYLAND	
Died at		Town		County	
Skidmore		Anne Arundel			
Date of death	1907	Month	Nov	Day	3
Age	2	Years		Months	
Sex	Male	Color or Race	White	Birth-place	Skidmore Md
Occupation	No occupation		Where Residing if not at place of death		
Married, Single or Widowed	Single	Name or Wife or Husband			
Father's Name	S Ogle Tilghman		Father's Birthplace	Queen Anne Md	
Mother's Maiden Name	Alice Higgins		Mother's Birthplace	Anne Arundel Co	
Name of person giving information	S Ogle Tilghman		How related to deceased	Father	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Lysentory	(14)	How long	2 weeks
Immediate	Coma		How long	2 days
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	J. & Redout	
		Address	Annapolis Md	
			R. F. D. No 1	
Accident or Suicide?				





Name  
in  
Full

John Jerome Tiran

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

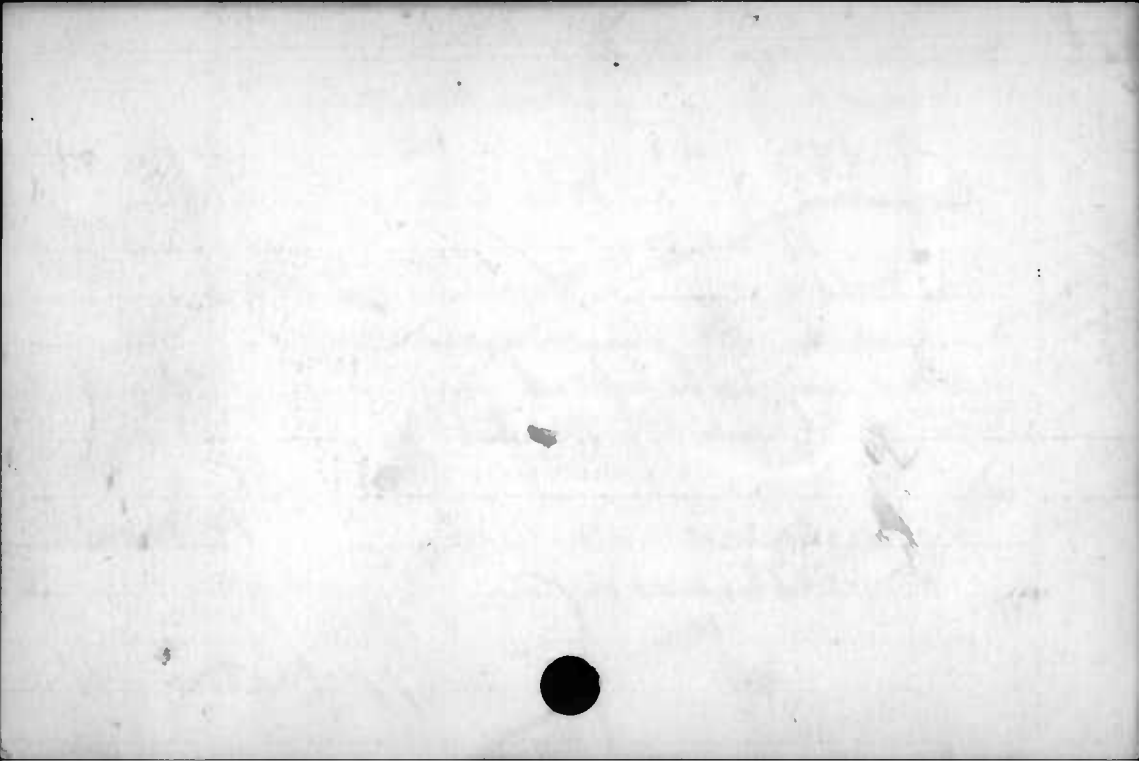
Died at <i>Wagners Point</i>		County <i>Anne Arundelle</i>		MARYLAND	
Date of death	1907	Month	November	Day	30
Age	2	Years	2	Months	2
Sex	male	Color or Race	white	Birth-place	Wagners Point
Occupation			Where Residing if not at place of death		
Married, Single or Widowed	—		Name of Wife or Husband		
Father's Name	Stanislaus Tiran		Father's Birthplace		
Mother's Maiden Name	—		Mother's Birthplace		
Name of person giving information	mother		How related to deceased		
			Parents		

## CAUSES OF DEATH

106

PHYSICIAN  
OR CORONER

Primary	<i>Enterocolitis</i>	How long	<i>5 days</i>
Immediate	<i>Cerebral congestion</i>	How long	<i>1 day</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		<i>Pierre S. Dausch</i>	
Address		<i>121, Jackson Square</i>	
Accident or Suicide?			



Name  
in  
Full

## CERTIFICATE OF DEATH

Joanna Eliza Webb.

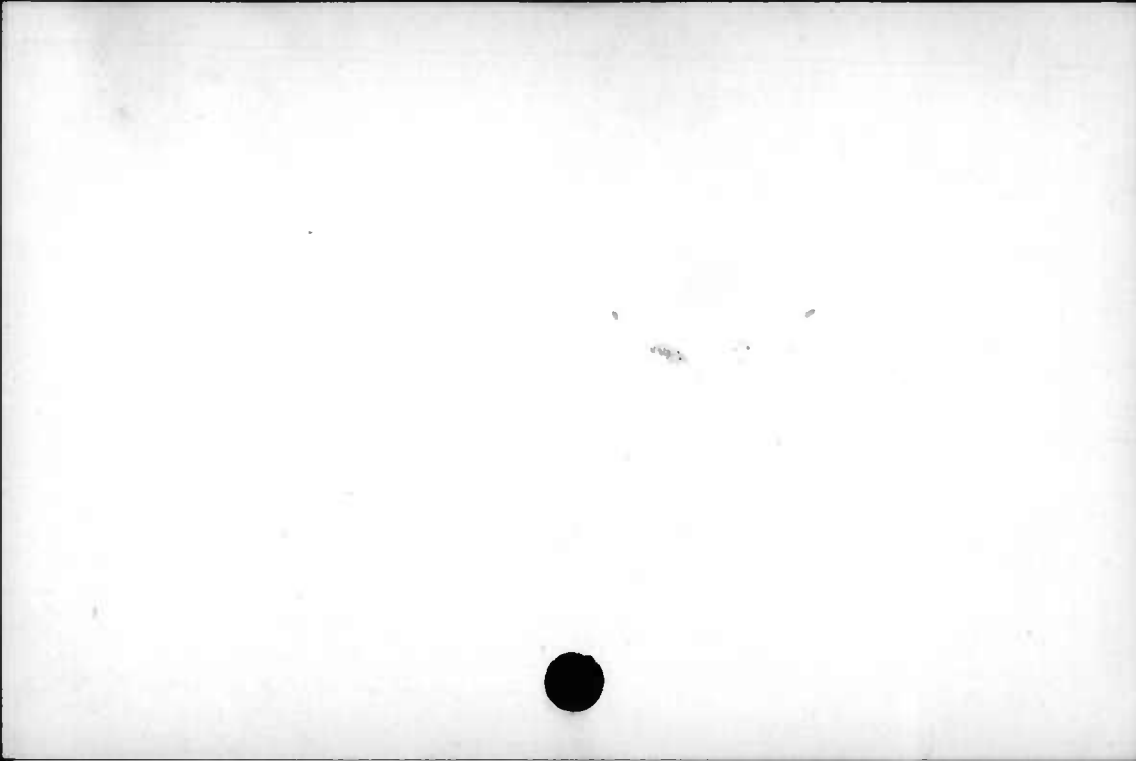
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> Friendship		County Anne Arundel		MARYLAND	
Date of death 1907	Month Nov.	Day 21	Age 62	Years	Months
Sex Female	Color or Race White	Birthplace Md.			
Occupation None	Where Residing if not at place of death				
Married, Single or Widowed Widow	Name of Wife or Husband Hamilton J. Webb				
Father's Name Thomas M. Plummer	Father's Birthplace Md.				
Mother's Maiden Name Mary Shepherd	Mother's Birthplace Md.				
Name of person giving information Emmett M. Webb	How related to deceased Son				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Paralysis	How long 10 months
Immediate Asthenia	How long few days
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician A. N. Perrie
	Address McKenroe, Md.
Accident or Suicide?	



Name in Full *Child of Robt O and Eva E. Wilkison*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *Brooklyn* Town *C & C* County  
 Date of death *1907* Month *Nov* Day *18* Age *Still Born* Years Months Days  
 Sex *Female* Color or Race *White* Birth-place *Brooklyn C & C*  
 Occupation \_\_\_\_\_ Where Residing if not at place of death \_\_\_\_\_

Married, Single or Widowed \_\_\_\_\_ Name of Wife or Husband \_\_\_\_\_  
 Father's Name *Robt. O. Wilkison* Father's Birthplace *Baltimore*  
 Mother's Maiden Name *Eva E. Wilkison* Mother's Birthplace *Balto*  
 Name of person giving information *Father* How related to deceased *Mother*

CAUSES OF DEATH

(S)

PHYSICIAN  
OR CORONER

Primary *Still Born* How long \_\_\_\_\_  
 Immediate \_\_\_\_\_ How long \_\_\_\_\_  
 Are the name, age, sex, color, date and place correctly given above? *Yes*  
 Signature of Physician *A. H. Frank*  
 Address *1278 S. Charles*  
*Balto Md.*  
 Accident or Suicide? *no*

